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ABSTRACT

This book is designed to guide readers as they consider establishing a full-service school in their community. Drawing on a working model with a 5-year history of development and implementation, the book shows how schools and community social, welfare, and health agencies can work together to deliver services to children and their families. After explaining what a full-service school is, the book explores some of the myths that exist about such schools, and presents a blueprint for collaboration that provides information about stakeholders and services and lists suggestions for correlating the planning process with needs and resource assessment. Ten strategies for assessing needs and resources are detailed. Separate chapters are devoted to financing the construction of a full-service school, approaching granting agencies and evaluating services, and sharing information on publicity, training, interagency agreements, and cross-training. Fourteen appendices provide stages, steps, and phases of implementation; goals; job descriptions; funding sources; program evaluation; training topics; and other information. (Contains a glossary, an annotated bibliography of 176 works, an author bibliography containing approximately 170 references, and an index.) (RJM)

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ED 421 742

Building a Full Service School

Florida's model of collaboration for school-based and school-linked services

by
Carol Calfee
and
Frank Wittwer

edited by
Mimi Meredith

published by
**The Florida
Department
of Education**

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children

challenge

community

cross training

confidentiality

co-location

cooperation

coordination

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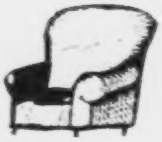

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Preface

To make a difference, you must have two things in the same place at the same time. One is a caring attitude and the other is a service to provide what really works. (Both are hard to find!) Either one alone will have limited effectiveness.

Susan Danahy
Psychologist
Project Vision

School reform continues to be a lively topic in the media, educational journals, state legislatures, and the Congress. There is no shortage of opinions, expert or otherwise, to solving the schools' problems. However, the problems facing schools are also the problems facing communities. Perhaps the topic of school reform should be re-examined as community reform. The full service schools concept is one of the models being explored by school systems nationwide to provide a collaborative school and community approach to solving the problems of our changing society.

In earlier times — "the good old days" — when populations were less mobile and the economy and families seemed more stable, schools seemed able to concentrate on the three Rs — and local businesses, churches, families and friends, and a few social service organizations seemed able to fulfill most of the employment, civic, social, health, and welfare needs of children and their families.

Time has a way of changing our minds, our needs, and even our memories. The "good old days" really were not that good. Children and families had many unmet needs. If an agency such as Health and Human Services was not there to meet a need, the child or family did without. Today, the concentration of populations in our cities and schools continues to create more stress and greater demand for support services. Ignoring or delaying service provision has costly consequences for the future. Both the nuclear and the extended family are endangered species. The days of Ozzie and Harriet are over. The definitions and roles of home, employment, schools, and communities have drastically changed.

The realization of the concept of full service schools, where schools and communities work together in the coordinated delivery of services to families and children, is ready to be born. The academic and social service needs of children cannot be separated from the needs of the family unit. Nor can the delivery of these services be neatly separated by agency. Whether we like it or not, we as a society are very interdependent.

This book is designed to guide readers in their consideration of establishing a full service school in their community. Actually, this is a book about building a sense of community in which the school has a central role. This book presents various ways in which schools and social service agencies can work together without competition, without the need to protect their own narrow interests, without duplicating their efforts — while efficiently delivering comprehensive services to families. Unlike much of the reform rhetoric of speculation, the information in this book is based on a working model with a five-year history of development and implementation. It all began with an idea that was shared in conversation among three people. The idea survived the conversation, was piloted in a rural elementary school, and has since expanded into six elementary schools, two middle schools, two high schools, an adult school, and a vocational center in one school district in the Panhandle of Florida.

There are over 350 models of full service schools in the state of Florida, and each one is unique because it is shaped by the unique needs, resources, and political reality of its particular community. In other words, no single model is best.

This idea of schools and community social, welfare, and health agencies working together to deliver services to children and their families is not a new concept. A review of the literature indicates that this idea is also known by a host of other names: *school-linked services, school-based services, assessment centers, one-stop shopping, community education, family service centers*. Multiple-agency service delivery to children and families need not be sponsored by or even include the schools, however. Many community-based interagency delivery systems exist without any link to a school. Even under current full service school definitions, a number of models exist. These include programs in which community agencies co-locate on the school campus, in some instances using existing space in the school building. In others, a school-based coordinator may direct school children and their families to service agencies located off-site but nearby.

There is no single way in which services can be delivered; the best model will be the one that works in a particular community. The authors of this text advocate that if a current program is working, don't fix it — but look at the possibilities suggested in the following chapters to determine whether your existing program might be enhanced or extended.

There is no cure-all for the problems of providing quality education. However, our experiences and the data we have collected indicate that implementing a full service school model does build a sense of community and collective ownership of "the problems." We invite you to read on.

Acknowledgments

> ***There are so many people who have helped along the way, that we are afraid we'll miss a few...so the folks listed are the original "Project Vision Gang" who sought the vision, brought it to reality, and lead it to fruition.***
>
> **Carol Calfee**
> **Project Manager**
> **Full Service Schools**

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There are so many people who have helped along the way, that we are afraid we'll miss a few...so the folks listed below are the original "Project Vision Gang" who sought the vision, brought it to reality, and lead it to fruition.

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Building a Full Service School

Introduction

The amount of time and effort put into establishing a full service school program will come back in rewards threefold.

Kathleen Fontaine
Facilitator
Adult Learning Center

Think of us as the general contractor you have hired to design, construct, and close on the full service school "house" of your community's dreams. We have experience, we have enthusiasm, and we have professional know-how — all of which we want to share with you in an understandable and usable guidebook format. By way of introduction, we will fill you in on pertinent shifts in the American market for education and social services: shifts in paradigm and service models. Next, we will draw the blueprint for this guidebook: "rooms" for each function of a full service school's development. Finally, we will lay out the contents of our tool box: icons, design elements, and text markers to help you move comfortably between rooms. This introduction is, therefore, your "key" to the guidebook's contents.

Shifts in the Education and Social Services Paradigm

Over the past one hundred years, American society has settled on a particular mindset regarding how its system of support for children and families should work. Operating in this mindset, or *paradigm*, our society labels individuals and their "problems" and hires public and private agencies to solve these problems. In order to make a family's complex problem understandable, our paradigm segregates the problem into small pieces; in order to evaluate a program's effectiveness, our paradigm counts "cases" instead of individual successes; in order to "treat" the problem, our paradigm assumes that only a professional knows best. But labeling, segregating, counting, and treating the family's complex problems have served only to create a system that funds countless agencies, duplicates services, functions inefficiently, and fails to improve the educational, social, medical, and financial lives of the people it is meant to serve.

The paradigm, however, is shifting. By analyzing our society's current situation in terms of twelve major shifts in focus — or *paradigm shifts* — we can begin to transform frustration and anxiety into productive, proactive approaches to problem solving (Figure I-1).

Major Paradigm Shifts

• **Grouping:**	Segregation	➡ Inclusion
• **Structure:**	Categorical Programs	➡ Shared Service Networks
• **Services:**	Bundled Slots	➡ Unbundled Wrap-Arounds
• **Design Logic:**	Isolated Problems	➡ Whole Systems (holistic)
	Mechanical Parts	➡ Organic Relationships
• **Focus:**	Process	➡ Result
• **Strategy:**	Clinical Treatment	➡ Social Support
• **Control:**	Professional Control	➡ Consumer Choice
• **Authority:**	Central Hierarchy	➡ Local Network Control
• **Evaluation:**	Process Compliance	➡ Outcome/Satisfaction
• **Funding:**	Program Budgets	➡ Block Grants/Managed Care
• **Resources:**	Increasing Public $$	➡ Declining Public $$
• **Public Trust:**	Public Monopoly	➡ Open Competition/Choice

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Figure I-1. *Major paradigm shifts*

Florida's full service school initiative is a product of these shifts in thinking. The initiative focuses not on segregated programs with separate labels working in isolation from each other, but on *inclusion* for children and families in the mainstream of life and a *holistic* approach to their educational, social, emotional, and physical needs. Education, social, and human service agencies collaborate in *shared service networks* to ensure *unbundled wraparound funding* — continuous funding over time and across programs — for programs that address families' needs. Program evaluation, then, shifts from counting numbers of people receiving services to measuring outcomes and *results*. Instead of succumbing to professional control, families are encouraged to make *consumer choices* about the services they need, and they are asked to assess services with *satisfaction surveys*. Because public funding for family support programs is declining, formerly isolated programs have combined forces to apply for *block grants*, distributed under *local network control* and encouraging *open competition* and *choice*.

By design, then, full service schools fulfill the intent of these shifts in paradigm or mindset.

A Room for Each Function in the Development of a Full Service School

When you build a house, you may begin with a paradigm that suggests an orderly and linear approach to its construction, but you soon discover that no single activity occurs in isolation. The architects do not wait for the lot to be cleared before asking the owners how many square feet of living area to sketch. The framers do not wait for the foundation's concrete to dry before planning how much lumber to order. The roofers do not wait for the drywall to go up before nailing on the decking.

When you "build" a full service school, the same principles apply. Although a 1–2–3 stepwise approach would be simple to design and follow, you are likely to find that the steps to your full service school are sometimes uneven, occasionally run parallel to each other, and often overlap. Other authors have developed stages or phases that describe a full service school's development, such as Melaville and Blank's with Asayesh [164]:

Stage One: Getting Together
Stage Two: Building Trust and Ownership
Stage Three: Developing a Strategic Plan
Stage Four: Taking Action
Stage Five: Going to Scale

We have drawn the blueprint for this guidebook by designating a "room" or chapter for each developmental function, but that does not mean you must start in Chapter 1 and end in Chapter 6. Each chapter has a "window" onto every other chapter, so you may move freely within this full service school house plan.

Chapter 1: Why build a full service school?
Learn what defines full service schools, why they are needed, how they differ from traditional schools, how a real one functions, and what myths you may have to overcome.

Chapter 2: Draw a blueprint for collaboration
Identify your community's stakeholder "crew"; define the program manager's role; decide on a governance structure, site- or community-focused.

Chapter 3: Pour a foundation of knowledge
Design your full service school based on assessment of your community's needs, problems, services, target populations, agencies, resources, and barriers.

Chapter 4: Finance the construction
Discover how to maximize existing resources and tap new funding sources.

Chapter 5: Frame the funding request
Ask for and justify the funds you need with this proposal- and evaluation-writing guide.

Chapter 6: Furnish the house

Implement your program effectively by developing confidentiality guidelines, designing interagency cross-training programs and working agreements, and publicizing your efforts.

Appendixes:

Move into your full service school program with sample interagency agreements, funding sources, family support plans, floor plans, needs assessment surveys — and more.

A glossary, an annotated bibliography, an author bibliography, and an index offer expanded and supplemental information to support your full service school's foundation. Appendix A, for example, delineates stages and steps to full service school implementation taken by other authors — not entirely similar to nor decidedly different from the ones described here.

A Tool Box for a Guidebook

What's a construction project without tools? We'll pull ours out of the box one by one.

Text markers:

- Words marked by this symbol ✱ indicate a term used for the first time, defined in the narrow margin. The definitions given are not necessarily universal, but are specific to the purposes of this book. These words and their definitions also appear in the glossary.
- Bracketed numbers like this one [1] indicate a reference source, numbered according to its sequence in the annotated bibliography, where titles are listed alphabetically.

Design elements:

- Wide columns of text contain the guidebook's main content.
- Narrower columns of text contain
  - quotations from other authors and from stakeholders in our full service school program;
  - key ideas in a process, approach, or system; or
  - pointers for developing, conducting, or implementing some aspect of the full service school program.
- Text boxes hold checklists or relate real-life accounts of the full service school experience.
- Figure boxes hold tables of information, pictures, forms, or diagrams that visually reinforce the main content.

Icons:

- Each chapter is identified by illustrations of chapter-specific tools — like the key that denotes this chapter.
- "See also" pointers to pertinent information in another chapter or appendix are illustrated by a window onto that "room." This one, for example, means to see Chapter 1 for additional or supplemental information.

1

If the full service school concept is familiar ground for you, jump into this guidebook at whatever point interests you or answers a particular question for you. If the concept is totally new to you, you will probably want to start at the beginning and work your way to the end. If you decide to use this book to guide the construction of your own full service school, you may find yourself referring to Chapter 3 for ways to assess what services your community needs at the same time you are evaluating Chapter 2's governance structures for your stakeholder* "crew" or identifying funding sources suggested in Chapter 4. The important thing is not the order in which you read what we've written, but that you use the information contained here to effect change that will benefit your community and its families. So get out your bookmarks, highlighters, and pencils. Make notes in the margins, mark completed jobs off the checklists, jot down things "to do." Make this book — and a full service school program — your own.

*** Stakeholder**
any potential participant in the full service school: children, parents, extended family, neighbors, school personnel at all levels, community agencies (mental health, child welfare, juvenile justice, health, vocational, recreational, economic), businesses, college faculty and staff

Chapter 1

Why build a full service school?

A full service school ...integrates educational, medical, and / or social and human services that are beneficial to meeting the needs of children and youth and their families on school grounds or in locations that are easily accessible.

Florida Department of Education

Every community is unique, so there is no single blueprint for building a full service school. But every community has some characteristics in common with every other community — so there are tools common to the design of all full service schools. We want to share with you a definition of full service schools and we want to lend you our design tools. In doing so, we hope to help you decide whether building a full service school will meet the needs of your community.

We will act as your general contractor, so to speak, in guiding you through the building process — from developing blueprints for collaboration to laying a foundation of community knowledge; from seeking financing to framing proposals and passing evaluation inspections; from raising the roof to publicizing your open house. Along the way, you will meet the multitude of subcontractors — or stakeholders — whose skills are critical to constructing a full service school: families, educators, health care providers, politicians, government regulators, social service caseworkers, and members of other community organizations. But before you design a full service school, you must become familiar with the building "code":

- what characteristics define a full service school;
- why full service schools are needed — the basis for a philosophy of school reform;
- where a full service school differs from others — three models;
- what myths your community may harbor about full service schools — and how to overcome them; and
- how a real full service school functions — one family's story.

What Is a Full Service School?

For each school in our nation, the setting is unique — shaped by the interaction of geography, history, economics, government, and population. In each community, then, the school's response to its setting must be unique. In the State of Florida, the *full service school* concept is the foundation for that response, as the 1992 Interagency Workgroup on Full Service Schools describes:

> ...a full service school means a school which serves as a central point of delivery, a single "community hub," for whatever education, health, social/human, and/or employment services have been determined locally to be needed to support a child's success in school and in the community. Such a school is locally planned and designed to meet the holistic needs of students within the context of their families. The full service school becomes a family resource center, a "one stop service center," for children and families, and where appropriate, for people in the surrounding community. [26]

A full service school expands its conceptual boundaries beyond the traditional educational model to a school–community model, where the lines of distinction between school and community are barely visible and where gaps in family support services disappear.

Why Do We Need Full Service Schools?

Social and cultural changes demand reform, responsibilities once assumed by families are now assumed by the community, and our existing educational and social systems are perceived to have failed.

Educational and social changes demand reform.

"The time has come for a new conception of the responsibilities of the school," the reformer writes. The lives of youth are desperate, parents "bring up their children in surroundings which make them in large numbers vicious and criminally dangerous," and some agencies must take charge of "the entire problem of child life and master it. If the school does not assume this responsibility, how shall the work be done?" [65]. An urban superintendent agrees that the school should "serve as a clearinghouse for children's activities so that all child welfare agencies may be working simultaneously and efficiently, thus creating a child's world within the city wherein all children may have a wholesome environment all of the day and every day" [164]. A sociologist echoes this idea: All agencies dealing with "neglected or behavior-problem children [should] be closely coordinated" under the aegis of the school, including "medical inspection, school nursing, attendance control, vocational guidance and placement, psychological testing, visiting teachers and special schools and classes" [65].

The reformer was Robert Hunter, writing in 1904. The superintendent was William Wirt of Gary, Indiana, speaking in 1923. The sociologist was Thomas D. Eliot, who in 1928 urged a blending of education and other forms of child welfare. Although their comments were made years ago, their message is current. Traditional schools can no longer meet the expanding needs and expectations of children, families, or communities. Times and needs have changed.

Raising children has become a community responsibility.

The traditional school was limited to teaching children basic literacy and social responsibility. Traditional schools were expected to prepare students for their transition to the world of work, or to a technical school, or to an institution of higher learning. Other community agencies* had responsibility for health, social services, and juvenile law. These traditional patterns no longer fit.

*** Community agency**
an organization of any type, public or private, for profit or not for profit, including those that offer assessment, prevention, and intervention services such as mental health, child welfare, juvenile justice, educational, medical, vocational, recreational, or operational services

More single parent families and more households where both parents work outside the home, hunger and poverty, drug and alcohol abuse, high unemployment, child abuse and neglect, violent crimes, homelessness, long-term emotional problems, vandalism — all are examples of increasingly complex societal problems. Because children bring these problems into the school setting, growing numbers of children are less ready to learn, and academic success is severely affected.

Responding to the profoundly complex problems presented by today's families is not the sole responsibility of one agency, organization, or institution — or of the school. Teachers, administrators, and counselors seeking to improve children's academic performance are beginning to accept that the delivery of human services and the restructuring of education are inextricably linked. As an African proverb proposes, "It takes the whole village to raise a child."

The existing system has failed.

Why is it that existing delivery systems for educating children and caring for families do not work? There are five basic reasons:

1 **Most existing services are crisis-oriented.** Instead of taking a preventive orientation, we wait until a critical incident forces us to commit resources to the problem. This orientation is not only more costly but also less effective in resolving chronic problems. As a result, Susan is not eligible for counseling to overcome her attention deficit disorder unless her behavior causes harm to another child in the classroom. Sean will not receive academic tutoring until he actually fails a subject.

2 **The existing social welfare system divides the problems of children and families into rigid and distinct categories that fail to reflect interrelated causes and solutions.** In our rush to simplify complex issues, we succeed only in assigning labels, prescribing solutions, and treating symptoms of isolated problems. Services designed to address each problem are offered by dozens of different agencies — each with their own eligibility criteria, funding sources, and program goals. As a learning disabled teen parent, Carmella may not be adequately prepared to understand what is taught in

a standard teen parenting program. T.J.'s emotional handicap is addressed in a special program at school, but he goes home to parents who are unable to deal with his problems because of their own: financial stress from unemployment.

3 **The current service delivery system is inadequate to meet families' needs because no functional communication exists among the myriad public and private community service agencies.** Families with multiple needs are served by more than one agency; they must travel to each agency; they reproduce the same paperwork for each agency; they repeat the same story to each agency. The agency and the school seldom share information, even though both are involved with the same family. Family, agency, and school, then, are all needlessly handicapped by duplicate paperwork and effort. Tran, who speaks English but cannot write it, asks a neighbor for help completing his application for employment services — but is embarrassed to ask again when his wife Anna arrives home with an application for emergency food stamps.

4 **Specialized community agencies are incapable of crafting comprehensive solutions to complex problems, thus they cannot offer solutions to families with multiple problems.** Specialized agencies operating independently do not interact with others in an environment rich in the professional talent and expertise that is needed to plan, finance, and implement programs that respond to complex needs. Joanne, enrolled in a local job training program, is therefore forced to drop out because she cannot afford child care for her three children. Jacob is eligible for two different counseling programs, but no such programs are available for his mother, the perpetrator of his physical abuse.

5 **Existing community agencies are insufficiently funded. The response-ability of both schools and community agencies has greatly diminished while their responsibilities have greatly increased.** Every day, newspapers print stories of agencies forced to reduce the size of their staff, despite being burdened with larger caseloads. Schools must lobby state legislatures for the most basic operational funding and harbor little hope of funding prevention or intervention services. So, Lianna languishes on Head Start's waiting list because there are not enough funds to hire a sufficient number of teachers. Her brother, Jabal, finds himself at loose ends after school — and in danger of joining his delinquent buddies — because funding for his after-school athletic program was not renewed.

Coordination ✻
process of linking the functions of autonomous entities in an effort to achieve the most effective results and to avoid duplication

Communities feel the impact of the intense competition for resources brought about by changing times. The time has come when schools and related community agencies must work together to offer a broader continuum of coordinated services. Schools are a logical hub in the wheel of delivery, coordination✻, and integration of these services.

Where Do Full Service and Traditional Schools Differ?

School-community relationships can be characterized as existing on a continuum of involvement with infinite variations along the continuum. On one end of the continuum there is little or no interaction, coordination, or communication between school and community. On the other end, the school and the community are almost indistinguishable. Since each community is unique, full service school stakeholders must determine the existing level of interaction between individual schools and their communities. Doing so will establish a starting point for change, helping you determine whether your school and community want to move toward a shared system for delivery of educational, medical, social, and human services.

Model I: Traditional School-Community Relationship. In some communities there may be few or no interactions between the school and the community. In the traditional model, the family teaches values, the school delivers academics, and community agencies provide medical, social, and human services. If a child in school presents a health problem, the school returns the child home to parents who presumably take the child to a separate facility for treatment. There is no tracking system for problems or solutions, no way of knowing if, when, or how a particular problem is resolved. Separation of school and community is complete (Figure 1-1).

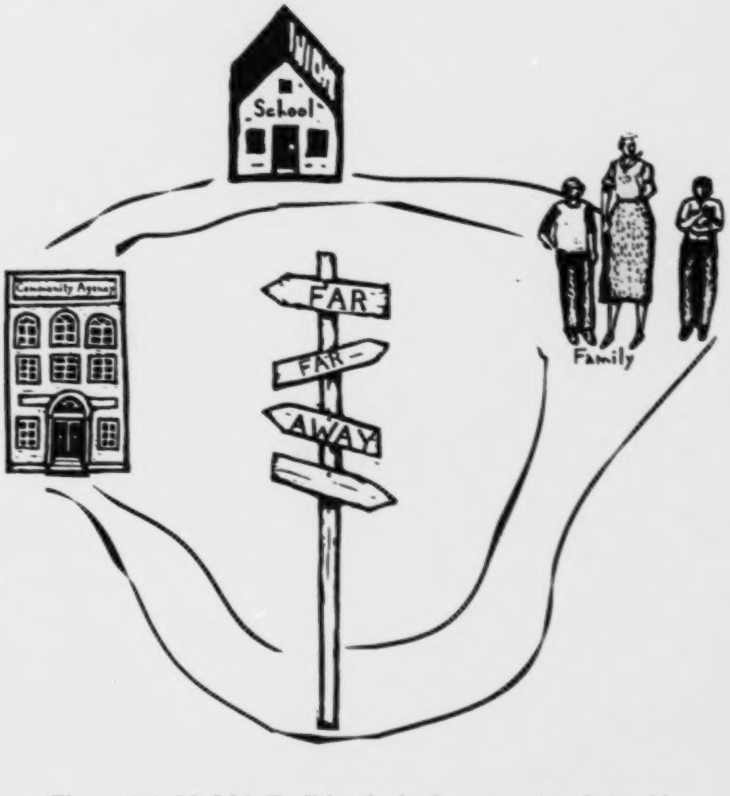


Figure 1-1. *Model 1: Traditional school-community relationship*

As communities struggle with the increasing variety and number of societal problems, many feel that the distance between the school and the community must be reduced, and that collaboration* and cooperation* will more efficiently and effectively address these problems.

Collaboration * process of working jointly with others, including those with whom one is not normally or immediately connected, to develop and achieve common goals

Cooperation * process of associating and acting together for mutual benefit

Model 2: School-Community Partnership. In a different community, the relationships and interactions between school and community are closer than in the traditional model. The school and the community are starting to raise their children together — as in the African proverb. The emerging partnership is strengthened by invitations from the school to the community, or from the community to the school, to participate in activities that create bonds between them. The school opens its doors to business partnerships, parent organizations, volunteer programs, evening adult literacy activities, and on-campus after-school youth groups. Community sporting events, choral and dance recitals, band and theater productions all take place in the school's facilities (Figure 1-2).

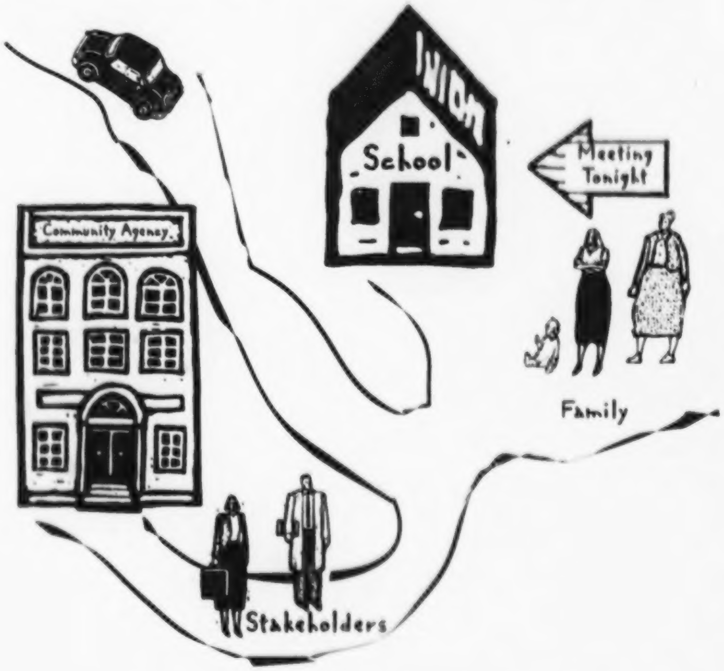


Figure 1-2. *Model 2: School-community partnership*

However, there is clearly a line separating school and community as to function. The school still teaches academics, but it does not deliver human services to children and their families on or near the school site. If there are family problems, they still are referred to the family and the community. The common ground is the physical school site and the opportunity for the community to see the school as a user-friendly place.

Model 3: School-Community Collaboration. The full service school is recognized when the lines of distinction between the school and the community start to become invisible. The gap between them completely disappears. The school is the community and the community is the school.

In this collaborative model, the school and community are highly interactive and mutually involved. Community agencies are either co-located✱ on the school property or housed within the school building. Partnerships between local businesses and the full service school provide the school with technical equipment, and business owners even teach some classes. The school is open at night and on Saturdays. Social service agencies serve children and families as a unit. Health screenings and inoculations are provided on a routine basis by county medical staff. Services not available on site are arranged by an interagency referral system. Parents are no longer forced to drive long distances to obtain basic health, economic, or social services for themselves or their children. Agency caseworkers do not have to drive long distances to deliver services.

✱ **Co-locate**

the act of relocating community agencies or their representatives to the campus of a full service school

The community agencies' staff routinely consult with teachers and school administrators. Agency staff members are invited into the classroom to assist teachers, and their skills and knowledge directly impact the curriculum. Interagency agreements establish partnerships between the school and community agencies. Cost sharing, problem solving, and information exchanges reduce duplication and bureaucratic red tape.

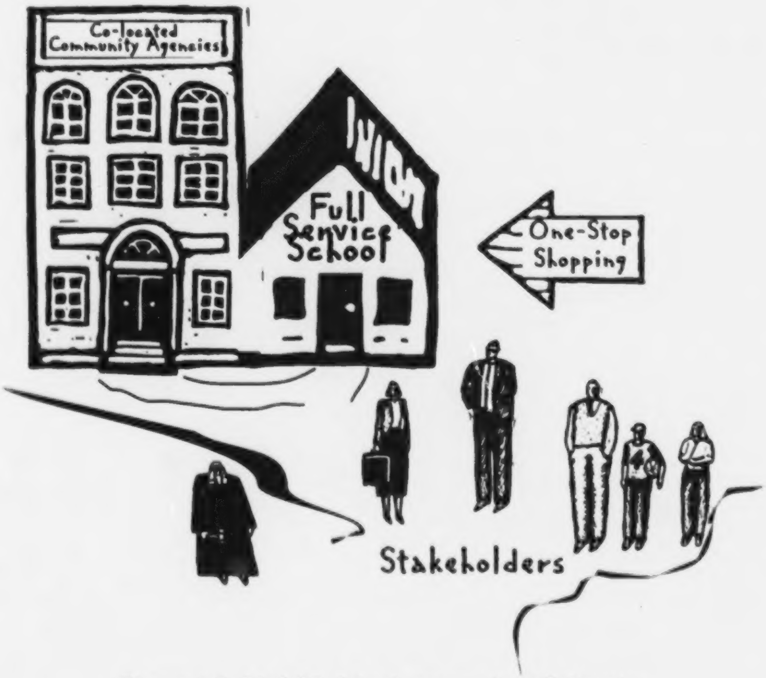


Figure 1-3. *Model 3: School-community collaboration*

From my point of view, the most important aspect of full service schools is that we are more intimately bound to the ongoing life of our community. We are not just touching a part of it. The hardest part is rethinking the idea of what a school is.

Tom Kennell
Assistant Principal
East Milton Elementary

The models of school and community interactions described here are not moving pictures. They are snapshots, or intervals, along the continuum of possibilities. The snapshots do not capture all the possibilities that exist between the interval points. The purpose of the models is to provide a point of reference as you consider the relationship between your own school and community — before you pursue the idea of developing your own full service school model. The more distance there is between your school and community, the more difficult it may be to build a full service school. That does not mean that the school cannot be built. It just means that the community and the school have not yet had the experience of sharing information, resources, and trust. First, define where your school and community are located on the continuum of possibilities. Then, decide where you want to go.

Take a few moments to interpret where on the continuum your school and community lie in relation to each other. Which model best describes the existing relationship between your school and your community? Which model best describes the school-community relationship you would like to see develop? Draw your own interpretation of what your full service school would look like.

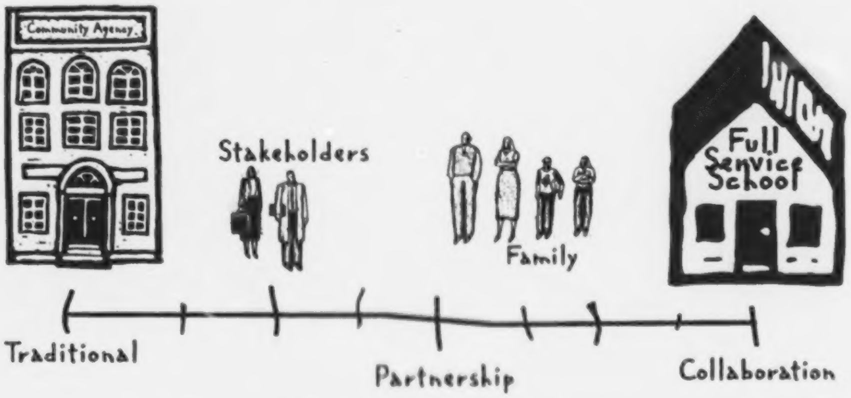


Figure 1-4. *School-community relationship continuum*

Your model of school-community relationship

What Myths Exist about Full Service Schools?

Be prepared to face some prevailing "myths," listed here in the form of quotations from community members. Countering these myths with valid information about full service schools will produce an accurate picture in the public's mind and will help turn community opposition into the community support so critical to your program's success. Responding to these and other myths will also validate the "why" of your full service school.

Myth 1 **Our school district already has enough to do, working to meet Florida's Blueprint 2000* goals. There's no time to initiate another program.** It takes just one example goal from Blueprint 2000 to dispel this myth — Goal #6, for example: "The schools, district and state ensure professional teachers and staff." Here are just a few of the full service school programs that respond to that goal: professionalization institutes, staff wellness, in-service training on available community resources, technology initiatives. So, instead of increasing the burden, full service schools actually resolve issues required by existing programs or mandates (see Appendix B).

*** Blueprint 2000**
Florida's plan for education accountability and school improvement in instruction and assessment

B

Myth 2 **We don't have those problems in this school, and we don't need help from the community. This school has always resolved its own problems.** Believers in this myth live in a state of denial. There is not a school in the country that does not face problems beyond its present capabilities. If this myth prevails in your community, orchestrate the development of a communication plan to disseminate facts about the needs of families in your community. The plan might include newspaper articles, presentations at special school or community functions by experts, or a local television special on complex family problems.

Myth 3 **Those agencies should just stay in their own space instead of using our school to house their personnel and offer their services.** This attitude stems from the philosophy of separate functions: Schools take care of academics; health service agencies take care of health problems; social service agencies take care of social problems. You can counter this myth by agreeing that, ideally, schools are supposed to take care of academics, but in reality schools are struggling to deal with health problems, mental illness, abuse and neglect, teen pregnancy, and violence. Because most schools do not have the support staff necessary to resolve nonacademic problems, they need support from community agencies. In that way, educators can better concentrate on education. While schools alone may not be able to provide a complete array of services, a full service school approach means that schools and school boards can play key roles in assuring that students receive the services they need.

Myth 4 **Schools should not get involved in providing all of these services for families and students because doing so increases the school's liability.** Often proposed by school administrators and principals, this myth ignores the truth that properly written interagency agreements can actually minimize the school's liability. Actually, experienced full service school principals often feel **less** liable because they share responsibilities with other agencies. One full service school principal reports sleeping better after making a child abuse and neglect referral because she knew the on-site social worker, and because she knew the social worker would report the results the next day. The same school principal expresses relief at having interagency teams, not just the school, share responsibility for service delivery decisions.

Myth 5 **Parents aren't going to support this idea of providing full service at school sites. It will never work here.** This myth reflects a lack of understanding about the benefits of full service schools for families. The truth is that parental involvement and volunteer hours have skyrocketed at full service school sites across Florida. Families involved in the planning and implementation stages of the program are its strongest advocates!

Myth 6 **A program like this won't work in our school. We are urban... rural...suburban. We are a middle school...a high school...an intermediate school...an elementary school.** When a full service school responds to the community's needs and when decisions about services are based on needs of families in that community, no two full service schools will be the same. Your program will uniquely reflect your community's needs, whether the neighborhood is rural or urban, whether the school is elementary or middle.

Myth 7 **We don't want "those people" on our school's campus. They will fraternize with our students, and it's not safe.** "Those people" may have a mental health or substance abuse problem, a need for economic or health services — in short, may be like any one of us at some period in our lives. This is a sensitive issue in every community, best overcome by a reminder that "those people" will benefit the community by taking advantage of services located in the full service school. Do be careful to steer high-risk adults away from the general traffic flow of students. If your community is extraordinarily sensitive about this issue, implement less controversial services first, and then expand your program as the community's trust grows.

Myth 8 **We will end up paying for all those extra services at the full service school, and our taxes will go up.** Collaborative services often result from complicated funding mechanisms. Members of your community may assume that additional services on or near a school campus will require additional tax dollars from their pockets. Counteract this myth by educating the community about program funding (see Figure 1-5).

Myth 9 **Providing all these additional services at school sites will take children away from valuable educational activities.** Counteracting this myth is a communication challenge. Stress that additional services are often integrated into the existing curriculum, offered before and after normal school hours, and provided during evening hours that are convenient for parents. Figure 1-5's service matrix is a good tool for counteracting misinformation.

Myth 10 **Adding community services will take up school space that could be used for our children's education.** Avoid converting regular classrooms to community agency space if at all possible — unless you can honestly say that the lost space has no detrimental effect on students.

Myth 11 **Why are schools becoming full service anyway? It's the parents' responsibility to make sure their children get the help they need.** A properly planned full service school reinforces the idea that it is a parent's responsibility to obtain needed services for their children. Full service schools fully support the concept of family empowerment and remove barriers so that families can help themselves.

Myth 12 **Having "other agency" support staff on our school campus will cause a whole new set of problems — supervision, performance evaluations, resistance from the school faculty, confusion of roles, and more.** This is an administrator's argument. If the principal at the proposed site of your full service school makes this argument, that site may not be your best choice! But, most "turf" issues can be worked out by employing cross–training techniques (Chapter 6).

6

Myth 13 **This full service school stuff is just too complicated. I don't believe it can be done! You are wasting our time trying to do this.** The good news is that communities all over the nation operate successful, but different, full service schools. It can be done! Yes, it does take time and patience. Yes, it is worth the trouble — just ask a participating family.

All the coordination, cooperation, and collaboration your school and community agencies can muster will not overcome some stakeholders' commitment to these myths — unless you plan ahead to dispel them. Present the facts, listen for protestors' underlying concerns and fears, recognize that opposition may fuel the development of an even more responsive program than you had envisioned.

Focus on Stakeholders

Meet the Young family. They live two miles from the site of our full service school, and they have been involved with the program for about four years. Alice and Sam Young have two children. Amy, 12, is a seventh grader with multiple physical and educational challenges; she has been in the exceptional student education class since second grade. John, 10, is a handful: he performs poorly, disrupts the class, and may fail the fifth grade. His teacher tries numerous interventions, unsuccessfully. It is because of John's classroom behavior — and the rumor that he recently broke into a neighbor's home — that John's teacher refers the Youngs to an interagency problem-solving "Care Team" via the school counselor. The Care Team consists of the following members: family members, the classroom teacher, the school counselor and social worker, a project psychologist, an administrator, a registered nurse, a resource officer, a caseworker specializing in child abuse and neglect, and other members of the community support system as needed. The Care Team meets to help the family decide on a course of action that will promote student success.

The school counselor tells the other team members about John's classroom problems. The sheriff's department resource officer explains John's recent brush with the law. The health nurse voices her concerns about Amy. Having considered the facts, the Team decides that the school's on-site social worker should join the health nurse for a home visit and conference with Mr. and Mrs. Young.

The visit provides evidence that the Youngs are struggling, both economically and emotionally, and John's acting-out behaviors are symptomatic of high levels of stress at home. Sam Young, a truck driver, is in — and out — of work and is rarely at home. There is very little food in the Youngs' dilapidated two-bedroom trailer. Alice Young, overwhelmed and confused by the family's circumstances, show signs of stress and depression; she has no job, no car, few friends, and her health is poor. Daughter Amy is obviously unhappy, and John's behavior at school is getting worse.

When the Team meets with Alice, they discover some important strengths: Alice is very eager to participate in any available services, she has significant support from her extended family, her family unit is intact, and her husband is currently employed. There are critical deficits as well: Alice did not finish high school; she worries because Amy has not had a physical exam in over four years; she confides that John tried to run away from home last month and that she frequently argues with her husband over family finances.

Together, the Team and the Youngs work to develop the Family Care Coordination Plan.✱ The plan includes health services for Amy, counseling for John, career counseling for Alice, economic and educational services for the family. With the plan in place, the Youngs' situation starts to improve. After talking with the full service school's adult career options counselor, Alice enrolls in nighttime adult

How Does a "Real" Full Service School Work?

Illustrating a five-year history of survival and expansion, our subject full service school physically encompasses three school sites in one community: Holley-Navarre, Florida. Students attend classes in pre-kindergarten through grade eight, so their ages range from 3 to about 14 years. Many services offered at the schools are available to the entire community — whether or not families have children enrolled in one of the three schools.

This site was chosen for a full service school because the community wanted it, needed it, and was ready for it! Keep in mind that the model presented here may have changed by the time you read this documentary. The program was never

Family Care ✱
Coordination Plan
a written document resulting from a family-centered process that identifies the family's strengths, concerns, and goals, and that coordinates community resources and services in support of those goals

basic education classes. She also volunteers in the school's computer lab and signs up for clogging lessons on Wednesday nights — all on-site at the full service school. The school's on-site registered nurse assesses Amy's condition and refers her to Children's Medical Services for a complete physical exam. Amy is also found eligible for a Private Industry Council program that will pay her while she learns practical job skills. Through the school's on-site child care referral office, John is certified for an after-school latchkey program — instead of after-school mischief. He is placed in an on-site graduation enhancement program that incorporates technology in the curriculum, and the health service psychologist provides insight into effective behavioral interventions for his teacher. Alice and Sam begin family counseling sessions with a mental health professional who offers evening appointments at the full service school, and at the suggestion of John's teacher, they check out educational materials from the parent involvement center. At the school's economic services office, the Youngs apply and are approved for food stamps. Alice attends a parenting workshop on adolescents sponsored by the school counselors.

Where are the Youngs today? Fours years after becoming involved with the full service school, Alice has received her GED and is employed as a data entry clerk. Amy, diagnosed with a rare disorder, is undergoing a regimen of medication designed to help her body develop normally. She won a gold medal at the Special Olympics recently! John has had no further brushes with the law — and his grades, attendance, and attitude improved so much he was mainstreamed to regular education classes. Sam, still a truck driver, recently went to work for a more stable employer, thanks to information he received from the full service school's new job services terminal. The family no longer receives — or needs — food stamps. When the family became ineligible for Medicaid because of their increased income, Amy and John were able to enroll in a new school-based, affordable, comprehensive health insurance plan called Healthy Kids, for a fee of $5 each per month.

The Youngs' story is true — only their names and identifying details have been changed to ensure confidentiality. Alice is involved with school and school-related issues every day. She works with the classroom teacher to keep both children on track. She attends parenting sessions and checks out educational materials for use at home. Her new interest in education for herself has proven to be a powerful role model for her children. The Youngs grow and learn — as a family — every day because of their involvement with a full service school.

meant to be static; rather, it is dynamic, meeting emerging and changing needs of the community's students and families.

The concept of a full service school is based on the bold philosophy that schools can produce academic literacy only when students are ready and able to learn. Success in school is directly related to family environment and to students' physical and mental health. If we are to reach the goal of school reform — to maximize every student's learning potential — then we must identify the problems our students face, and we must be proactive participants in the solutions, not promoters of quick fixes. We must explore less costly and more efficient ways of "doing business." We may not be able to work any harder, but we can work smarter (Figure 1-5).

Service	**Description/Clientele**	**Location**	**Funding Sources**
Adult Education	Basic education and remediation for adults 16+ Undergraduate and graduate coursework	Holley-Navarre Middle School, Monday & Thursday 5–8p.m. College & enrichment classes by semester	• Adult Learning Center • Community Schools • Pensacola Junior College (PJC) • University of West Florida (UWF)
Casework	Protective services, Project Vision Referrals for delinquency, foster care, developmental and economic services, alcohol/drug abuse/mental health counseling, home visits	Holley-Navarre Middle School, weekdays	• Florida Dept. of Health and Rehabilitative Services, District One (HRS)
Child Care	Free or reduced, subsidized child care for children 3 months to 12 years Some restrictions apply	Appointments taken for location convenient to parent	• Children's Services
Community Use of School Facilities	Civic and parent groups apply for permission Available to all, free	Holley-Navarre Primary, Intermediate, and Middle Schools	• Santa Rosa County School Board
Economic Services	AFDC, Medicaid, food stamps: intake, screening, application, review Referrals to other community resources	Holley-Navarre Middle School, M-F, 8A.M.–5P.M. Appointments preferred; walk-ins accepted	• HRS District One
Educational Opportunity Center	Career options counseling and financial aid for students 19+	Navarre Community Center, Tuesdays 1–4P.M.	• PJC
First Call for Help	Toll-free community resource information hotline	Available district-wide	• Avalon Center for Community Mental Health • United Way • Retired Senior Volunteers
Graduation Enhancement Program	Technology-based early intervention to promote student learning	Holley-Navarre Intermediate and Middle Schools	• Santa Rosa County School Board
Health Services	RN & psychologist: prevention, early detection, early intervention and community referrals Mobile Health Unit Emergency food and clothing Affordable health insurance for school-age children	Holley-Navarre Intermediate and Middle Schools, M-F, school hours	• Supplemental School Health Grant: HRS & Fla. Dept. of Education • Sacred Heart Hospital, Pensacola • Community resources • Florida Healthy Kids Corporation
Healthy Kids	Affordable health insurance for children ages 3-19	Available district-wide Enrollment by toll-free number: 1-800-367-3253	• Florida state legislature • Healthy Kids Corporation • Santa Rosa County School Board • Santa Rosa County Commissioners • Humana Health Care
Home Visitor High-Risk Infant Program	Home visits by social worker for at-risk infants Training in parenting skills, immunizations, etc.	South end of county	• HRS District One
Job Services	Employment services for job training and placement with computer access to regional job listings	Holley-Navarre Middle School, M-F, 8A.M.–5P.M.	• HRS District One • Private Industry Council • Job Training Partnership Act

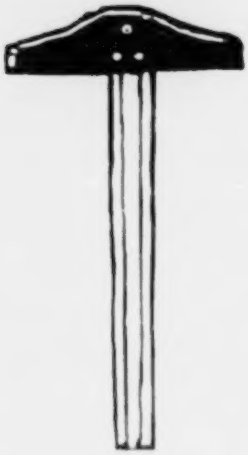
Figure 1-5. *Service matrix for a real full service school*

Service	**Description/Clientele**	**Location**	**Funding Sources**
Juvenile Alternative Services Program (JASP)	Meaningful sanctions and services for certain juvenile offenders and their families, designed to divert from judicial processing and to reduce incidence of law violations	Holley-Navarre Intermediate and Middle Schools	• HRS District One (administered by the Office of Community Outreach, Educational Research and Development Center, UWF)
Latchkey	State-licensed after-school programs until 6P.M. schooldays and some holidays Summer camp program from 7:30A.M.–6:30P.M.	Holley-Navarre Primary, Intermediate, and Middle Schools Campers picked up and returned to Intermediate School	• Community Schools • Parent tuition • Title XX funding for qualified families
Mental Health Counseling	Counseling for students and families Exceptional Student Education Specialist Full-time therapist for emotionally / severely emotionally handicapped	Holley-Navarre Primary, Intermediate, and Middle Schools	• Avalon Center for Community Mental Health Center • Medicaid • Private insurance
Parent Involvement Center	Educational and counseling materials available for check-out by parents for use with students at home	Holley-Navarre Primary, Intermediate, and Middle Schools	• Project Vision • Nat'l Foundation for the Improvement of Education (NFIE) • Junior League • Community resources • Parent–Teacher Association (PTA) • Parent Advisory Boards
Parent Workshops	Hosted periodically during the school year for all interested persons	Holley-Navarre Primary, Intermediate, and Middle Schools	• Project Vision • Community resources • PTA • Parent Advisory Boards
Pre-Kindergarten	Head Start or early intervention programs for 4-year-olds Placement on space-available basis Some restrictions	Holley-Navarre Intermediate School	• Federal and state funding in collaboration with Santa Rosa County School Board
Private Industry Council	Employability skills for middle school, 16+ students and adults	Holley-Navarre Middle School	• Private Industry Council (PIC)
Protective Services	On-site investigator for abuse/neglect complaints through Florida Protective Services System's Abuse Registry (1-800-96-ABUSE)	Holley-Navarre Middle School	• HRS District One
Research	Ongoing research activity supervised by the Educational Research and Development Center of the University of West Florida	Holley-Navarre Primary, Intermediate, and Middle Schools	• Full Service Schools • UWF
Sheriff's Department	On-site deputy available for assistance with law enforcement issues, education, and prevention activities	Holley-Navarre Intermediate and Middle Schools, Oriole Beach Elementary School	• Santa Rosa Sheriff's Department • Full Service Schools
Volunteers	Volunteers act as tutors, teacher helpers, mentors, etc.	Holley-Navarre Primary, Intermediate, and Middle Schools	• Retired Senior Volunteers • Santa Rosa County School Board • Community organizations
Women, Infants & Children Program	Offers nutrition counseling and supplemental food for prenatal and postnatal care and for children from birth to 5 years	Navarre Community Center, 1st Wednesday and 2nd Friday each month, 9A.M.–3P.M.	• Private Industry Council (PIC) • Federal funding through Santa Rosa Public Health Unit

Figure 1-5 (cont'd).

Now you understand the building code for a full service school: the characteristics that define such a school, why such a school is needed, where the full service school model differs from more traditional ones, and what myths you are likely to have to overcome if you decide to build your own full service school. You have also seen firsthand the extensive matrix of services created by a real full service school — and you have witnessed real results in a stakeholder family.

Many more experiences await you. Chapter 2 offers a blueprint for planning and decision making with community stakeholders. Chapter 3 contains strategies for needs assessments. Look to Chapter 4 for funding approaches and sources, and to Chapter 5 for proposal- and evaluation-writing pointers. In Chapter 6, you will find ways to develop interagency agreements and training programs and to handle public relations and confidentiality. So, break ground on your full service school!



Chapter 2

Draw a blueprint for collaboration

The most important results of our full service school program are the collaboration and cooperation that take place — and that enable us to better serve the citizens of Santa Rosa County. If you build a full service school, be willing to give as much as you take!

Betty Arnold
Provider Operations Director
Children's Services Center

Perhaps by now you have already decided to "build" a full service school or perhaps you are still considering the possibility. In either case, there are three important steps to take: Step 1, plan; Step 2, plan; Step 3, plan. Resist the urge to start a program without LOTS of planning. A quickly poured but poorly planned foundation may doom your program before it gets off the ground. So, our intent in this chapter is to help you develop a blueprint, or plan, one that calls for collaboration among the key subcontractors — or stakeholders — in your full service school program.

Planning in the full service school context is the careful and deliberate process of using decision making to build collaboration, and planning is the basis for sound implementation. Planning is also a constant event in the life-cycle of a full service school, so this chapter's blueprint is drawn in a way that will give you practice in planning — by answering these questions:

- Who are the key stakeholders in your community's full service school?
- What family support services should your full service school offer, based on the community's needs?
- Where will these services be offered?
- When will services be delivered to the community?
- How will services be delivered effectively?

In this chapter, we assume that you already possess current, valid data about your community's composition in terms of children and families, about your community's agencies and activists, and about what services are available or lacking. If you do not yet have these data, however, Chapter 3 offers tools for conducting a comprehensive community needs assessment.

Who Are the Stakeholders and What Are Their Roles?

The strength and longevity of your full service school program will depend upon the direct, real, and early involvement and collaboration of key stakeholders. Stakeholders can be students, families, teachers, local civic organization or church members, or representatives from education, health, and human service agencies. Planning✱ is simply where their collaborative relationship begins. Although one person may initiate your full service school program, significant others must quickly be allowed to share the vision and the ownership, as well as their skills and knowledge. Mutual trust and respect evolve naturally among stakeholders who work together and who share responsibility for the program's success.

Planning ✱
the careful and deliberate process of using decision making to build collaboration; the basis for sound implementation of a full service school program.

To select the "who" in your collaborative planning effort, you will need to complete these steps:

1 identify the stakeholders,

2 decide who will take the lead,

3 choose a program manager, and

4 establish the governance structure.

Step 1: Identify the stakeholders

The stakeholders play the primary role in the planning, policy development, and implementation of the services specified in the blueprint for your full service school. The process of identifying stakeholders is guided by the philosophy that you are planning with — not for — the community. From the very start, stakeholder's decisions will have dramatic impact on the success of your program. Through the decision-making process, the stakeholders begin immediately to develop a common understanding of the community's problems, become supportive of collaboration among community agencies, lay a foundation of mutual trust, and share a vision for the future of your full service school program.

Pointers

Ask these questions to help identify key stakeholders:

- What families should be involved in planning?
- Which schools and agency personnel have a realistic understanding of your community's families?
- Who collects data that documents the needs of children and their families?
- Which community agencies have a history of quality and timely service delivery?
- Which corporate groups should be represented?
- Which local school councils and parent organizations should be included?
- How can churches, media representatives, and the university community become involved?

cont'd

Selecting stakeholders to participate in the development of your full service school may come down to choosing those individuals who **want** to participate. There will probably be some stakeholders in your community who **should** be involved, but are reluctant; in that case, it is better to leave them out. Perhaps they will be motivated to join your construction crew later — when there is evidence that your full service school is really going to be "built." You may be able to recruit more people if you provide potential stakeholders with a written proposal or action plan for the full service school's design.

Carefully evaluate the number of stakeholders you select for your "crew." Weigh members' potential contributions against the danger of making the crew's membership too large. If you want to move rapidly toward achieving your program goals, limit the group to ten or fewer individuals — any more, and your program's implementation is likely to slow considerably.

One group needs special attention during the planning process: the superintendent of schools, the school board, and the principal at the proposed site of your full service school. A program planted at a school site without the involvement of these stakeholders will be doomed by passive resistance and sabotage. Because the full service school concept is based on the idea that family support services are located at or near school sites, most traditional schools must broaden their vision considerably in order to successfully develop into full service schools. Ensuring that the school system's leading officials are included in the decision-making process, then, is critical.

One more tip about selecting stakeholders: be sure to include any significantly influential community group, and do so before making any public announcements about the program. If a key group is left out, you will spend valuable time and energy trying to repair a public relations problem. Selecting stakeholders is truly the key to gaining community-wide support for your full service school program.

- How can the stakeholder group be balanced to match the community's ethnic and racial composition?
- How can you balance representation from school personnel, community agencies, businesses, and families so that one group does not "own" or dominate the program?
- How can you involve leaders of minority groups?
- Are consultants or planners available to facilitate the planning process?

Step 2: Decide who will take the lead

As your collaborative effort begins, decide whether one person or a combination of people, groups, or organizations is going to take the lead. The person or agency that started the ball rolling should lead the stakeholder crew at the outset. An election process can ensure continuity of leadership after the program gets underway. In many full service school programs, a school has been designated the program's lead partner (note that some funding sources specify a lead agency, school or otherwise [Chapter 4]). There are logical reasons for this decision:

- schools have access to more children than any other branch of the community service system;
- schools often initiate collaboration because they recognize the dramatic need for family support services; and
- schools are required to collect extensive data about children.

There are potential problems, however, when a school dominates an interagency effort:

- the difficulty of attracting additional dollars from agencies that have not traditionally collaborated with schools,
- the demands for space that a full service school requires in an already overcrowded system,
- the perceived burden of adding health and social services to the school's responsibility for academic services, and
- the difficulty in restructuring the school hierarchy — one that is independent and historically resistant to change — to include other community agencies.

Although it is vital to your program's success to have a designated leader, it is equally important for that leader to draw other stakeholders into leadership roles.

All major decisions should be made within the collaborative structure of the stakeholder crew.

Step 3: Choose a program manager

The choice of a program manager to manage and coordinate your full service school program will quite likely determine its success. Ideally, this person will not have ten other major responsibilities: this is a full time job! The right person can jump start your program by facilitating communication and implementation and should be hired very early in the planning process.

In all likelihood, there will be no shortage of candidates for program manager. The head of each collaborating agency will, by definition, be in a leadership position. But, behind every leader, you will find the rubber-meets-the-road staff, who take the blue-sky planning documents and convert them to action. Such is the role of the full service school program manager. The ideal manager anticipates needs and gets the job done smoothly and efficiently, brings stakeholders to the table and keeps them involved, and maintains clarity about the program's vision. The manager recognizes when the program stalls and is able to spark movement toward new ideas and initiatives. A traditional job description is shown in Appendix C, but you may want to add these qualifications to it: the patience of Job, the work ethic of a pioneer, and the heart of a saint!

Because a full service school program assumes that schools will participate, the stakeholders may want to seek out a program manager experienced with both the school system and family support services and programs. Exceptional student education teachers who have at least some experience with collaborative efforts and who show strong leadership skills are good candidates for the job. Personnel from community agencies who have a working knowledge of how school systems operate are also good candidates. Take time to find the best candidates, hire a manager early, and treat him or her well — the manager will provide the program with continuity and momentum after the bloom fades from the rose of first publicity, so investing in a quality program manager is both necessary and wise.

Step 4: Establish the governance structure

After the key stakeholders are identified, a lead person or agency chosen, and a program manager selected, the next item on your agenda is to establish a governance structure*. When your stakeholder crew reaches this point, they are completing the last of the initial planning steps, but are simultaneously beginning implementation. Keep in mind that planning and implementation will be an ongoing effort in the life of your full service school. You will be constantly in a state of "construction" with new crews coming in for remodeling while old crews are adding on to the original structure.

Governance structure *
an organizational arrangement designed to guide or influence a program's initiation, development, evaluation, and sustainability

Explore these two governance structures with your stakeholders:

1 **site-based** — designed to get a program started fairly quickly at a particular site, and

2 **community-based** — designed to lay the foundation for continuing collaborative relationships on a broader scale within a larger community over a longer period of time.

Site-based governance. A simple but effective site-based governance* structure can be designed as a three-tiered pyramid, including three groups of stakeholders: a site-based planning committee, a policy committee, and a steering committee, all of whom interact through the program manager (Figure 2-1). The pyramid is built on the idea of "site-based" decision making, communication between the natural levels of administrative power, and the total involvement of the community.

*** Site-based governance** **organizational plan based on the premise that those individuals working directly with students and families at the "site" of a full service school should have the most influence on the initiation, development, evaluation, and sustainability of the program**

Each tier of the pyramid houses specific stakeholders who are assigned specific tasks. The advantage of this governance structure is that decisions are made by stakeholders who deal daily with the problems that families face. Bottom-up management is implicit in site-based governance, keeping the program design closest to the families it is designed to serve. Using this governance structure, you will have a built-in communication mechanism to deal with the constant, dynamic change inherent in your program's design: new personnel, changes in funding, and identification of additional needs, to name a few. Keep in mind, too, that this governance structure can be adapted to accommodate fewer than three levels if your program is very small or if you have a limited number of stakeholders.

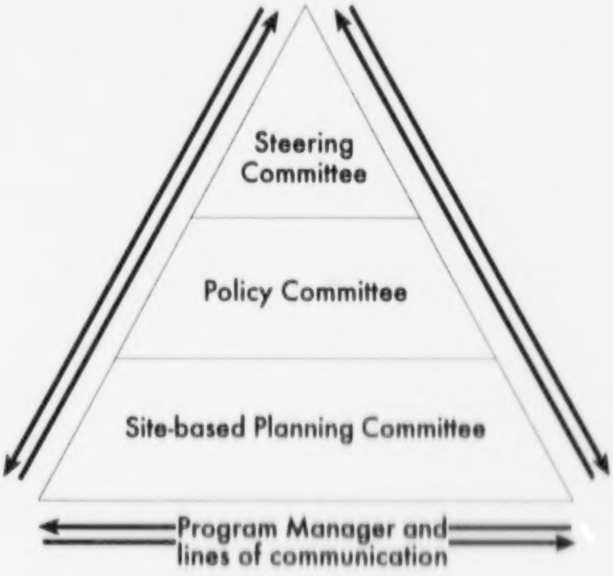

Steering Committee
Policy Committee
Site-based Planning Committee
Program Manager and lines of communication

Figure 2-1. *Site-based governance*

Full service schools serve our students with an education that addresses personal needs as well as learning environment. Solicit ideas from your community's service agencies. Make every agency a part of your school.

James Albritton
Employment Security Representative

Members of the **site-based planning committee** are on the front line of your program's planning and implementation. The members of this group are likely to fall into two categories: those who are risk-takers and leaders in their fields, and those who potentially can create major barriers to implementation. The first group is important for the communication and problem-solving skills they contribute; the second is important because involving them early in the planning process may diffuse their opposition and turn them into committed proponents. Members should represent families, caseworkers, teachers, counselors, parents, and community health and human service workers who have a working knowledge of your community's needs. Involve school staff — school counselors, social workers, and psychologists; mental health and health professionals — who are stationed at or work with families associated with the school. Include at least one teacher representative. Families of students should **always** be represented. The school site administrator may serve on both this committee and the policy committee. As your full service school adds to or alters its services, the composition of the planning committee will change as well.

The role of the site-based planning committee is to be responsible for your program's day-to-day operation. Of the three layers in the pyramid, the site-based committee meets most often — weekly — to maintain communication among stakeholders and minimize barriers to implementation. With the program manager, the planning committee identifies and clarifies changing student and family needs, identifies resources to address those needs, and makes recommendations to the policy committee on such major issues as the need for additional resources or for streamlining access to existing resources (Chapter 4).

Members of the **site-based policy committee** are managers, the supervisors of the site-based planning committee. If, for example, a mental health professional is a member of the planning committee, that person's supervisor becomes a member of the policy committee. This group consists of people like the school principal, a community agency administrator, or a health department director. As your program expands to include additional services, invite the supervisors of new planning committee members to join this group. The role of the policy committee is to establish policy and procedures for site-specific program implementation and operation. Primarily responsible for funding and streamlining access to services, policy committee members receive information from the planning committee and in turn request action: changes in policy, changes in resource allocations, and requests for additional funding. Their requests may be directed to the steering committee. The policy committee should meet at least monthly.

Members of the **site-based steering committee** are community power-hitters. Solicit members from the chief administrative positions of community agencies. Seek out the superintendent of schools, the sheriff, local judges, administrators of social service organizations, community and business leaders, school board members, county commissioners, local community college or university presidents/provosts/deans, and other local government officials. Include representatives of state departments of education and social services, if possible. The role of the site-based steering committee is to address any issues left unresolved by the planning or policy committees, advocate for program funding, and maintain a political basis of community support. Although this group is located at the top of the site-based governance pyramid, the bottom-up management philosophy reinforces the steering committee's role of working for and in support of the planning and policy committees. Ideally, the steering committee takes the lead in program design and implementation, assisted by the program manager, and accomplished through joint meetings with the policy committee on a monthly or bimonthly basis.

In summary, the roles of committee members at each level in the site-based governance structure are based on the individuals' roles in the community support system for families. Those working directly with families are closer to the bottom of the pyramid, where program recommendations originate. Figure 2-2 provides a summary of the committees in the model, the membership selection process, and a comparison of responsibilities.

	Site-Based Governance	
Components	**Membership**	**Roles**
Planning Committee	Workers with direct contact with families, e.g., social workers, teacher, family members, school counselors, health professionals	Day-to-day operation of program; make recommendations to policy committee
Policy Committee	Supervisors of members of site-based planning committee, e.g., school principal, supervisors, managers	Receive recommendations from the site-based planning committee; take action for or make requests to steering committee
Steering Committee	Highest level administrators, e.g., superintendent, administrators, presidents, elected officials	Receive recommendations from site-based planning and policy committees; seek additional funding and political support

Figure 2-2. *Site-based governance components, membership, and roles*

Community-based governance. A community-based governance✱ structure may be the alternative of choice for either of two reasons. First, instead of relying solely on interactions at the local school site, the community-based model utilizes existing interagency councils that specialize in collaborative efforts for particular populations, for example, pre-kindergarten councils, networks for severely emotionally disturbed children, jobs committees, child protection teams, juvenile justice councils. Many such councils already have interagency family care coordination✱ teams, and they are an invaluable source of information and services. By communicating with these councils, you can effectively minimize misunderstandings about how your program's goals relate to the entire community. The second reason you might choose this structure is if you plan to

✱ **Community-based governance**
organizational structure involving broad representation from community agencies; designed to guide or influence the initiation, development, evaluation, and sustainability of a full service school; based on the premise that long-term viability requires community involvement and participation at all levels of the program

✱ **Care coordination**
activities that link families to needed service providers through screening, referral, delivery, and follow-up

implement more than one full service school program at more than one site. This model promotes the program manager's ability to network throughout the community and to keep communication flowing among all the program's stakeholders. It is absolutely imperative, then, that your stakeholders become knowledgeable about the functions of any and all existing interagency councils.

Make sure that the faculty and staff of each school are involved in the planning. This will ensure that everyone has an understanding of the full service school concept — an understanding that will enhance the program's effectiveness. Such involvement also helps fulfill the program's potential for meeting our students' needs: physical, emotional, and educational.

Elton Nowling
Principal,
Jay Elementary School

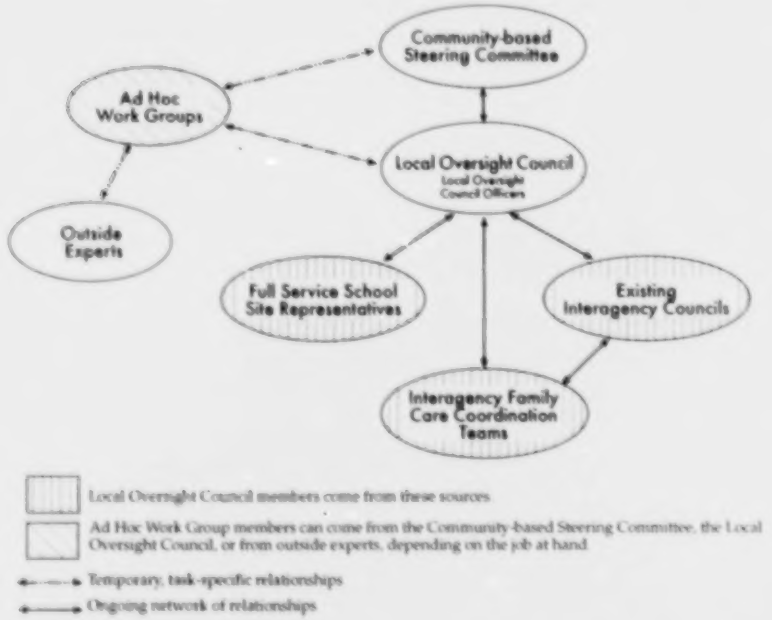

Community-based Steering Committee
Ad Hoc Work Groups
Local Oversight Council
Local Oversight Council Officers
Outside Experts
Full Service School Site Representatives
Existing Interagency Councils
Interagency Family Care Coordination Teams
Local Oversight Council members come from these sources
Ad Hoc Work Group members can come from the Community-based Steering Committee, the Local Oversight Council, or from outside experts, depending on the job at hand
Temporary, task-specific relationships
Ongoing network of relationships

Figure 2-3. *Community-based governance network*

Membership in the **community-based steering committee** is similar in composition to that of the site-based steering committee: judges, superintendents, district administrators, chiefs of police, for example. The role of the community-based steering committee is to act as advisors and decision makers for the full service school program. The members of the group, in concert with the program manager, respond to requests from other levels in the governance structure.

Members of the **local oversight council** represent community agencies, families, school personnel, caseworkers, and health and human service providers. The council is comprised of local oversight officers, ad hoc work groups, and representatives from family care coordination teams, from existing interagency councils, and from one or more full service school sites. The role of the local oversight council is to promote expanded collaboration within the community to support the development of one or more full service school programs.

Officers of the local oversight council form a core group of leaders identified or elected from the larger local oversight council. Their role is to accomplish very specific tasks: 1) provide staff services, *i.e.*, meeting agendas and minutes, data collection for special programs, grant referrals, and special assignments to ad hoc work groups; 2) encourage program development and documentation of the full service school program's outcomes; 3) develop plans for program implementation and grant proposals; and 4) mediate conflict within the group or between other groups when needed.

Ad hoc work groups can derive their membership from any combination of the community-based governance structure. Representatives from the local oversight council, for example, are periodically assigned to special ad hoc work groups. Community experts who are not regular members of the oversight council may also be recruited for special programs. These groups are assigned to research specific problems and brainstorm solutions. An ad hoc work group might develop an interagency confidentiality form, research transportation or child care barriers in the community, or work to pursue a specific grant proposal or alternative funding source. The groups are short-lived, very task specific, and highly focused.

Members of **interagency councils** include representatives and advisors from community agencies who operate as a network. The purpose of having these councils represented in community-based governance is to avoid duplication of services and efforts within the community. Bringing these groups together ensures a more comprehensive and seamless network of services within the larger community setting. The role of interagency council representatives is to offer valuable expertise and training for the new full service school program.

Family care coordination team members are representatives and advisors from existing interagency teams that are currently working with families who have special needs, such as teenage parenting, mental health, or transition planning. These members provide valuable "cross training" about existing resources within the community. They offer technical expertise in how to initiate and institutionalize interagency efforts.

Full service school site representatives can be personnel from all levels of the proposed full service school. As members of the community-based governance structure, they interact with a wider spectrum of stakeholders. Keep in mind that, traditionally, school representatives have not been involved in health and human service planning and decision making. Cross training between community agencies and the school under the community-based governance structure builds the trust and personal relationships needed to establish, expand, and institutionalize a full service school program.

✱ Interagency agreement
a mutually agreed-upon, signed contract among collaborating community agencies in a full service school program; specifies contributions each partner will make to the program

Figure 2-4 summarizes the membership components and roles in a community-based governance structure. The business relationships among community agencies can be formalized in interagency agreements✱ (Chapter 6).

Community-Based Governance

Components	Membership	Roles
Steering Committee	Community power-hitters, *e.g.*, judges, chiefs of police, superintendents, district administrators, elected officials	Acts as advisors and decision-makers for full service school planning and implementation
Local Oversight Council	Community representatives at large, such as families, teachers, caseworkers, health care providers	Promotes community collaboration to support full service school development
Local Oversight Council Officers	Core group of leaders from Local Oversight Council	Provide staff services, encourage program development and documentation, plan for implementation and funding, mediate among other members
Ad Hoc Work Groups	Temporarily assigned Local Oversight Council members, joined with community experts	Research problems and brainstorm solutions to particular community issues
Existing Interagency Councils	Network of representatives from established community agency advisory councils	Provide service-specific expertise and prevent duplication of services offered in the community
Family Care Coordination Teams	Representatives and advisors from existing interagency teams working with special needs families	Offer cross training and technical expertise in implementing and institutionalizing community-based programs
Full Service School Representative	Personnel at all levels of the school's operations: clerical, educational, administrative	Interact with community to develop relationships necessary to establish, expand, and institutionalize the full service school program

Figure 2-4. *Community-based governance components, membership, and roles*

School-based services ✱
basic economic, social, and health services that are integrated, available, and delivered from or near a school site

At risk ✱
the concept that any person at any time may be exposed to the chance of injury or loss, or that a person may not be able to achieve their full potential because of inhibiting factors

School-linked services ✱
offered by schools that are linked to at least two or more other children- and family-service agencies in an ongoing, collaborative relationship

Where Will the Full Service School be Based?

Simply stated, there are three potential sites for a full service school program:

1. **School-based✱:** Services are actually co-located, relocated, or coordinated in or near a school that serves a large number of at-risk✱ families.
2. **Community-based:** Services are school-linked✱, meaning an effort is made to coordinate activities in a separate center at or near the school. A family resource center located in an at-risk neighborhood is an example of a community-based site.
3. **Combination:** When it is not possible to deliver all of the needed services from an accessible school site, the combination approach is used so that more services can be included in your action plan. Selected programs are actually located on the school campus, while coordinated efforts are made to refer students and families to other services off-campus.

3 4

Whichever site you choose will be influenced by the availability of resources both in the community and at the school. See Chapter 3 for needs assessment strategies that will identify community resources and Chapter 4 for ways to streamline access to services.

Now that your full service school stakeholder crew is organized into a working body of individuals and a site is selected, you may begin to feel that the blueprint is complete. But there are some lines left to be drawn: the "what?" "how?" and "when?" of your program.

Pointers

In certain cases, protective characteristics may actually reduce the impact of at-risk factors [30]:

- individual characteristics – resiliency, positive social relationships
- bonding with a positive, caring adult – such as a family member, teacher, or minister
- healthy beliefs and clear standards – family prohibition of drug use or expectation of good school performance, for example

What Services Are Needed?

The six steps required in planning for your full service school can be taken in any order you choose. Just remember to involve the members of your stakeholder crew from the beginning. For example, if you have chosen the community-based governance structure, ad hoc work groups may be assigned to research each of the first five steps and to write an action plan; the ad hoc groups may choose to use the needs assessment strategies in Chapter 3 to complete their assignments. The local oversight council would write the action plan and submit it to the steering committee for approval. If you have chosen the site-based governance model, the policy and planning committees would complete steps one through five, develop an action plan, and present it to the steering committee.

1 Identify significant health, social, and economic problems facing families.

2 Identify services that families need and want.

3 Identify duplication of effort and gaps in services offered by community agencies.

4 Identify a target group of children, youth, and families to be served based on need.

5 Identify barriers to service delivery, both from within families and from within agencies providing services.

6 Develop an action plan (including a funding strategy [Chapter 4]) for program implementation that defines how and when each component of your full service school program will be implemented.

The comprehensive needs assessment strategies listed in Chapter 3 are designed to help you gather the information required in these six steps.

When you review your community's needs, you may find many more needs than resources. As an alternative to wringing your hands in despair, find a need that is manageable in size, that does not exceed your current resources, and that can clearly benefit from your interagency effort. Remember, there is no such thing as a small success! You can always grow and expand, but an early success will do wonders for the sustainability of your program.

One way to give the community a preview of the kind and quality of service you plan to deliver is to designate a small ad hoc work group whose purpose is to publish a community resource directory. List all existing public and private family service agencies (see the Community Service Inventory in Chapter 3). Include telephone number, eligibility guidelines, costs, and location for each agency. Then sit back and bask in the interagency communication that results. Naturally, before you propose such an idea, you already will have gathered most of the information, so when you present the idea to your community- or site-based governance structure, the members will agree to pay the publishing and distribution costs — and you will be ready with a final document in a short time span! Add some well-timed publicity that focuses attention on the community effort (Chapter 6), and you will be on your way to beginning a full service school initiative.

How Will Services Be Delivered?

You may, at this point, be overwhelmed at the number of decisions and choices necessary to establish a full service school. However, it is time to focus on one decision: how to deliver the services you have chosen to offer.

You could begin your full service school program by involving only one agency at a time, adding others when the dust clears and the program stabilizes. Starting small and limiting your targeted population will also make your program more manageable. Consider a model like triage**✱**, used in medical emergencies. The triage is a system used to ensure the greatest benefit from limited facilities or resources by giving priority treatment to those who must have services now, and little or no treatment to those who can survive without it — or who have no chance for survival. Although this model may seem a bit harsh in humanistic terms, it does offer sound advice to a new program with limited resources. The triage model can be used to establish your initial service offerings, but remember that a full service school program ultimately intends to provide a full range of services that will prevent unmet needs in the future.

Triage ✱
system that ensures the greatest benefit from limited facilities or resources by giving priority treatment to those who must have it and little or no treatment to those who can survive without it

As you plan for delivery of that full range of service, include these aspects of care coordination — a method of service delivery that effectively links families to needed services — in your full service school's blueprint:

- screening,
- referral,
- type of delivery, and
- follow-up and monitoring.

Screening✱, or determining the nature of the family's or individual's risk and their eligibility for needed services, can include such activities as completing a social history profile, collecting economic information, administering educational or vocational tests, or conducting a medical examination designed to identify developmental delays. Any one or all of three types of screening may be necessary to your full service school's design.

Screening ✱
determines the nature of the family's or individual's risk and their eligibility for needed services

- *Universal screening* targets all individuals within a particular demographic group, like infants screened at birth for developmental delays, or third graders screened for scoliosis.
- *Informal screening* targets a population at large. A service provider may routinely screen all families with whom the agency works for speech and hearing problems, for example.
- *Selective screening* also targets a population at large, but does so at special events like semiannual immunization days or an annual voter registration drive.

If the screening agency or program is unable to deliver the needed services itself, it must make **referrals** to other agencies or to other programs within its own organization. Your full service school program can accomplish referral in any combination of the following approaches:

- *External referral* would be necessary in a full service school program that has limited service offerings or personnel. In this case, an intake and referral specialist could be assigned the job of handling referrals, utilizing existing telephone "hot lines," central referral agencies, and one-on-one contact with community agencies. If the specialist position cannot be funded, consider redefining an existing school or community agency position: a school counselor could be trained to match service needs with existing community resources, or a social worker's job description could be modified to include a greater time commitment to interagency referrals.
- *Mobile rapid response* is a referral system that is temporary, short-term, and quickly implemented to respond to specific crises, such as gang fights, suicide, or other trauma. A task force of doctors, ministers, parents, students, and school personnel could, for example, refer adolescents in crises over recent suicides of their classmates to appropriate social or psychological service agencies.

The **type of service delivery** your full service school offers can be as individual as your community. Here are some options:

- *Circulating* or *itinerant* service occurs when your full service school offers a significant number and variety of services on site or near the site — but not every day of the week. Mental health counseling could be available on site every Wednesday and health services could be available every other Thursday, for example. A service provider could make a site visit every time ten referrals accumulate from the school through the provider's toll-free telephone system. This approach fosters service delivery that fully utilizes existing physical facilities — one room in your school can offer four or five different services.

Pointers

Look for a combination of these warning signs when you are screening for at-risk students and their families [144]:

- School work problems/drops out of activities
- Negative/disruptive/defiant/aggressive/abusive/fighting behavior
- Nervousness/erratic behavior/mood swings/inappropriate responses
- Suspensions/absences/skipping/tardies
- Excessive sleeping/slurred speech/dilated pupils/red eyes/disoriented
- Weight gain or loss
- Memory loss
- Lack of concentration/motivation/daydreaming
- Defensive/withdrawn/separateness/depressed
- Perfectionism/over-achievement
- Illnesses/disabilities/family problems
- Peer problems/relationships/change in friends
- Lying/blaming others
- Legal problems
- Giftedness/learning disabilities/attention deficit disorder/hyperactivity
- Use/abuse/addiction to chemicals (parents or children)
- Grief/loss/separation
- Teen parenthood

Focus on Stakeholders

The Young family (Chapter 1) ultimately became part of the family care coordination approach to case management. From Santa Rosa County's Project Vision, the following descriptions offer examples of a multidisciplinary team approach and of a social service approach.

Six months ago, two middle-school-age brothers were referred to the school counselor for what was described as a problem of significant academic underachievement. Even though both brothers are extremely bright, their grades were falling dramatically and their "inappropriate social skills" were causing behavior problems. The counselor — active in a multidisciplinary, interagency team — contacted the Retired Senior Volunteers, two of whom now act as mentors for the brothers, meeting with them weekly. Other team members joined in. The school's on-site caseworker discovered that the boys' mother was blind and their father unemployed; the results were referrals to other team members for economic assistance, training services for visual impairment, and JTPA job training. Next month, the brothers join a small intervention group led by their school's on-site resource officer, a deputy sheriff. In the meantime, the boys have made dramatic improvements in both behavior and academics. One made the honor roll last term.

Although the school's resource officer is a member of the multidisciplinary team, there are occasions when this deputy acts as the case manager, demonstrating a social service approach. Here's a case in point.

"Upon arrival at one of the school sites where I am stationed, I was contacted by a patrol deputy who

- *Multi-service units* provide a combination of specific services for a specific population, on site. If, for example, your full service school wanted to deliver services to families with children under the age of five, you might enlist collaborating agencies that offer adult education, day care, economic services, home visiting programs, and parenting classes. The advantage of this type of service delivery is its comprehensiveness.
- *Combination* approaches to service delivery offer perhaps the greatest opportunity for creativity and innovation. Combining expanded office hours with child care during parent-teacher conferences and transportation assistance is just one way in which your service delivery system can become more user-friendly. Consider reorganizing your staff, utilizing paraprofessionals and volunteers, and developing specialized problem-solving teams to fulfill your community's needs.

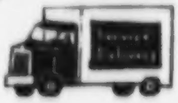
Follow-up and **monitoring** ensure that screening, referral, and type of service delivery are valid for a family or individual on a continuing, evolving basis. Together with the other aspects of care coordination, follow-up and monitoring comprise what is sometimes also referred to as case management*. No matter which term you use, remember that family involvement and empowerment are the goals, from beginning to end, of care coordination. Inherent in follow-up and monitoring is the idea that, as a family utilizes one service, they will overcome their need for it, will need another service instead, or will require a service that supplements the first one. Follow-up and monitoring constantly seek to assess these changing needs through one of three care coordination approaches.

Case management * **process that identifies, assesses, plans, implements, and evaluates client needs and service delivery; sometimes used interchangeably with "care coordination"**

notified me of a suicide attempt by a student at the middle school. I realized that we would need to help not only the student who attempted suicide but also the students who were her classmates or friends. I immediately contacted the school's principal, nurse, and counselor and proposed a response plan. Fortunately, the response plan did not have to be implemented. However, if the need had arisen, we were prepared to handle student behavior, address their emotions, or answer their questions arising from the situation. This forewarning of a potential crisis could not have occurred if a school resource officer had not been on site to receive this law enforcement information."

In another instance, the resource officer acted in a supportive role to the case manager, a child welfare caseworker.

"Another middle school student had to be removed from his parents' home in order to protect him from the drug and sexual abuse going on there. He didn't trust many people, and the case manager worried that he might run away from a foster home. I had talked with the boy at school on several occasions, and although I did not know him well, our conversations had formed the foundation for a relationship. When the case manager asked me to help transport the boy to his foster home, I agreed. During the trip, he and I talked about his fears and succeeded in reducing some of his anxiety. I like to think that our relationship, begun at the school site, was at least partly responsible for his settling into foster care placement more easily."



- The *social service approach* assigns one case manager to follow the family through all care coordination steps and to play a key ongoing role in developing the family's plans and decision making. The case manager could be a social worker, a school resource officer, or a mental health professional, for example.
- The *multidisciplinary team approach* involves representatives from all agencies serving the family to divide care coordination responsibilities, adding their own perspectives and knowledge to the family's immediate and long-term plans. The school nurse contributes health assessments, the school resource officer adds data on the family's involvement with law enforcement, and the teacher provides current education-related information, evaluating progress with the family and coordinating access to new services as needed.
- The *family care coordination approach* actually makes the family its own case manager. A social service or multidisciplinary team case manager acts as an information resource, helps with interagency coordination, and offers periodic feedback to family members as follow-up to service delivery — but the family develops, monitors, and revises its own Family Care Coordination Plan (Chapter 6).

The "how" part of planning for your program's service delivery, then, requires your stakeholders to make collaborative decisions about screening, referral, delivery types, and follow-up — all integral parts of a care coordination system.

When Will Services Be Delivered?

Now you have clarified your choices as to the *who, where, what*, and *how* elements of your action plan. You know that planning requires six steps: identify families' problems, identify needed services, identify duplication of effort and service gaps among community agencies, identify a target population, identify barriers to service delivery, and develop an action plan. What makes an action plan active? Why, establishing *when* to take action.

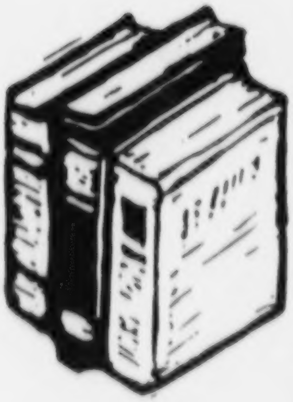
What follows is a sample structure for tying all the elements of your plan to target completion dates (Figure 2-5). Adapt this sample to your own needs, or design a timetable that uniquely matches your full service school program's blueprint.

Action Plan					
Identified Need	**Services**	**Service Providers**	**Type of Delivery**	**Funding Sources**	**Target Completion Date**
In our Town, 1153 adults work at minimum wage. Of those adults, 37% express a desire to obtain a GED, with the expectation that education will help them find higher-paying jobs or encourage them to pursue additional skill training or education.	Adult Basic Education courses Adult remedial courses in reading and mathematics	County school board Local community college	School-based Extended hours two nights per week (5 to 8 p.m., Mondays and Thursdays) Screening, referrals, and follow-up handled via collaborative interagency team consisting of full service school site-based ABE instructor, public school adult education counselor, and community college remediation specialist)	Adult Learning Center Community Schools	Review existing/develop new screening and enrollment eligibility guidelines **December 30, 1996** Review/revise existing ABE curriculum to match community needs **March 1, 1997** Develop promotional materials **March 30, 1997** Announce/promote awareness of program's availability **April 30, 1997** Open early enrollment **May 1, 1997** Assess results of promotion (enrollment data) and revise approach if necessary **June 15, 1997** Classes start September 12, 1997

Figure 2-5. *Sample action plan*

The point is this: start small and offer quality service in a reasonably short span of time. It is better to plow a small field deep than a large field shallow. Choose stakeholders and a program manager wisely, evaluate what services your community needs most and soonest, decide where and how to offer those services, and complete your plan of action — or blueprint — with a time frame. Invest your community's limited resources where they will achieve maximum results: that is the full service school concept in action.

And speaking of action, Chapter 3 will have you "acting" all right — when you begin to pour your full service school's foundation with solid knowledge about your community's needs.



Chapter 3

Pour a foundation of knowledge

Full service schools offer "one-stop shopping" by focusing on families and making services convenient and accessible for special populations. Single parents, for example, often don't have reliable transportation and may not fully understand how the system works. Assess the needs of your community and strive to provide what is not always readily available.

Suanne Locklin-Johnson
Project REWARD
Coordinator

A founder of the humanistic psychology movement, Abraham Maslow grouped human needs into five categories and arranged them in order of importance: physiological, safety and security, love and belongingness, self-esteem, and self-actualization. According to Maslow's motivational theory, needs that appear lower in the hierarchy must be satisfied before higher needs are felt. We will not realize that we need love, belongingness, and self-esteem if our physiological and security needs are not first satisfied. If we live in fear for our safety or in anxiety about where our next meal will come from, Maslow believes that there is little hope of reaching the level of self-actualization, "to become whatever one is capable of becoming" [7].

When you decide to initiate a full service school program, your stakeholder crew is likely to face the issues addressed by the lower levels of Maslow's hierarchy. The community must reach consensus on a standard for quality of family life. By promoting this standard, stakeholders can first decide what resources are available to meet those standards. When you know what resources are available, then you can begin to strategize reducing or eliminating the service delivery gaps, barriers, or duplications that prevent families from meeting their potential or "self-actualization."

In order for your full service school program to self-actualize, you must pour a foundation that is solid in knowledge of your community's needs and resources. There are many effective and appropriate ways to gain this knowledge, and the method or methods you choose will depend on how much you already know. We propose ten strategies — or tools — for needs and resource assessment, with detailed worksheets for each strategy. If you have the luxury of time, you may choose to use all ten. Keep in mind that needs assessment is an ongoing process, though, so you may use one or two strategies to begin a small full service school program, and then use additional strategies as your program expands.

Correlating the Planning Process with Needs and Resource Assessment

At this point in constructing your full service school, you need information in order to complete the steps of the planning process (Chapter 2). Remember: the more information you have about your community, the better decisions you and your stakeholder crew will make. Figure 3-1 correlates the information required by the first five planning process steps with this chapter's needs assessment strategies. Chapters 4 and 5 will help you complete planning process step 6: developing an action plan.

Planning Process Step

1. Identify significant health, social, and economic problems facing families.
   ① ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
2. Identify services that families need and want.
   ① ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
3. Identify duplication of effort and gaps in services offered by community agencies.
   ② ⑥ ⑦ ⑧ ⑨ ⑩
4. Identify a target group of children, youth, and families to be served based on need.
   ① ③ ⑥ ⑦ ⑩ ❹optional
5. Identify barriers to service delivery, both from within families and from within community agencies.
   ③ ④ ⑤ ⑦ ⑧ ⑨ ⑩

Key to Assessment Strategies

① Demographic Survey
② Community Services Inventory
③ Physical Facilities Inventory
④ Community Interaction Survey
⑤ Community Needs Survey
⑥ Computer-based Mapping
⑦ Stakeholder Analysis
⑧ Focus Groups
⑨ Action Research
⑩ Transition Study

Figure 3-1. *Planning process steps and corresponding needs assessment strategies*

Ten Strategies for Assessing Needs and Resources

Making decisions about which services to offer and how to deliver them should be made based on the perspectives of **both** the family receiving the service and the provider of the service. Although the needs of families in your community may be complex, the services your program delivers must be practical, acceptable, and beneficial to the providers — so be sure that your needs and resource assessments are as simple but as comprehensive as possible. Your assessment data will be your most important tool in deciding — and justifying — whether to utilize existing resources, pursue additional resources, or solicit funding. The more information you have about the families you wish to serve, the more persuasive you will be when you recruit organization and agency involvement.

We offer you these tools for gathering information that will strengthen your full service school's foundation — whether you are trying to identify stakeholders or inventory available physical facilities, whether you want to design an effective funding proposal or prepare an authoritative press release:

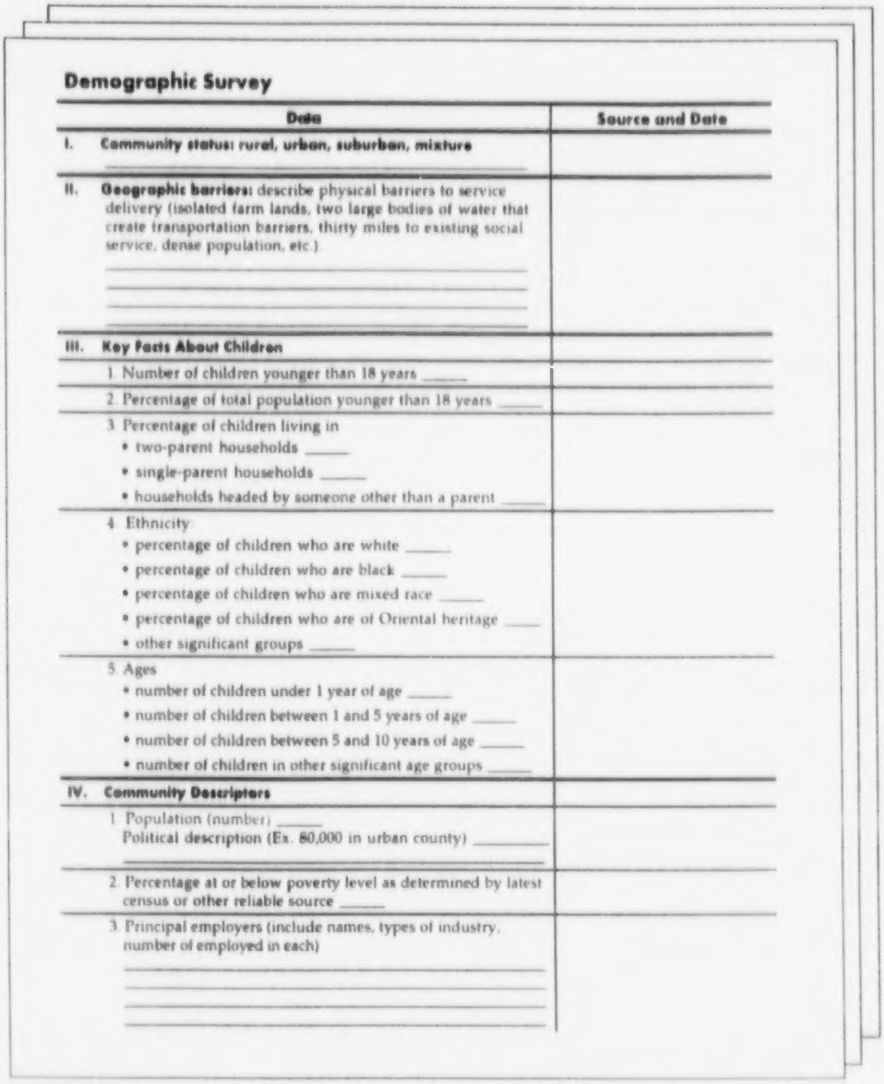
1. Conduct a demographic* survey
2. Inventory existing community services
3. Inventory physical facilities
4. Assess community interaction
5. Design a unique community survey
6. Use computer-based mapping
7. Conduct a stakeholder analysis
8. Lead a focus group
9. Take an action research approach
10. Conduct a transition study

*** Demographics**
information such as age, sex, marital status, occupation, income, education, or zip code; often used as "predictor variables" in data analysis to establish whether the subjects with similar demographics will respond to survey questions similarly

Strategy 1: Conduct a demographic survey

Demographic surveys provide "snapshots" of a moment frozen in time in a targeted geographic region. Start your demographic survey by seeking existing information that describes students, school, community, district, region, or state in which you want to implement a full service school. Increase the number of snapshots to get a more complete collage, hence a better image of the community and a more reliable database. Keep in mind that you can also use this information to document funding requests.

Remember too that you must determine strengths as well as weaknesses within your community. Some excellent sources of information may be your local school board, Chamber of Commerce, or Builders' Associations. School boards keep very detailed data about the communities they serve in order to predict enrollment patterns and special program needs. Chambers of Commerce often can access data on income levels, and builders use statistics to forecast population growth in a particular area. Utility companies also use demographic data to predict community growth patterns. Law enforcement offices have data on migrant populations or highly transient areas within the community. Local interagency councils may have already generated a demographic profile of your area. Census data is another excellent source of information. Use the worksheet illustrated in Figure 3-2 to compile demographic information and to document its source (the complete worksheet can be found in Appendix D).



Demographic Survey

Data	Source and Date
I. Community status: rural, urban, suburban, mixture ________________________	
II. Geographic barriers: describe physical barriers to service delivery (isolated farm lands, two large bodies of water that create transportation barriers, thirty miles to existing social service, dense population, etc.) ________________________ ________________________ ________________________ ________________________	
III. Key Facts About Children	
1. Number of children younger than 18 years _____	
2. Percentage of total population younger than 18 years _____	
3. Percentage of children living in • two-parent households _____ • single-parent households _____ • households headed by someone other than a parent _____	
4. Ethnicity: • percentage of children who are white _____ • percentage of children who are black _____ • percentage of children who are mixed race _____ • percentage of children who are of Oriental heritage _____ • other significant groups _____	
5. Ages • number of children under 1 year of age _____ • number of children between 1 and 5 years of age _____ • number of children between 5 and 10 years of age _____ • number of children in other significant age groups _____	
IV. Community Descriptors	
1. Population (number) _____ Political description (Ex. 80,000 in urban county) _________ ________________________	
2. Percentage at or below poverty level as determined by latest census or other reliable source _____	
3. Principal employers (include names, types of industry, number of employed in each) ________________________ ________________________ ________________________ ________________________	

Figure 3-2. *Demographic survey*

Pointers

Share the survey's results by helping your audience picture "one month in the life of a child," for example:

During the month of May in Town U.S.A.,

- 31 babies were born
- 6 babies were born to teen mothers
- 1 baby had low birthweight
- 22 children were reportedly mistreated
- 18 students were suspended from local schools
- 12 delinquencies were reported

Completing a demographic survey and analyzing the data will ensure that you identify significant problems and the target group most in need of services. Use the data to answer these questions:

- What general conclusions can you draw? For instance, do most problems seem to be health-related? Or are health problems being adequately addressed, but crime is a major concern? Does the unemployment rate indicate that vocational services should be a focal point?
- Can you identify a population that needs services? Use the demographic survey to describe that population and to rank its service needs in order of their significance.

- What are the current strengths of this population?
- What are the critical, unserved, or unsolved problems of this population?

Strategy 2: Inventory existing community services

Use this strategy to identify existing community services and match them to the services families need and want; to identify duplication of effort; and to target gaps in service among agencies. One of the fundamental principles guiding the full service schools concept is to supplement — not supplant — existing services. If you collect the information targeted by this strategy, you will discover opportunities to streamline, re-locate, or reallocate existing resources — so you can meet at least some community needs **without** additional funding.

Using this resource assessment strategy can be difficult and confusing, given agency jargon, the volume of program names and acronyms, and complex eligibility requirements. The Community Service Inventory (the complete inventory is contained in Appendix E) is best completed by a group of stakeholders who have a wide knowledge of the human services available in your community. The site-based planning and policy committees (Chapter 2) are excellent resources to complete this task because these groups are usually made up of experienced health and human services workers as well as family and school representatives.

If you elect not to complete the entire inventory, an alternative would be to select sections that apply to the more critical needs of your community.

Before completing this inventory, look for existing community service inventories. Many communities have agency service directories and family "hot lines" for information and referrals. State departments of health, human services, and education frequently have extensive inventories.

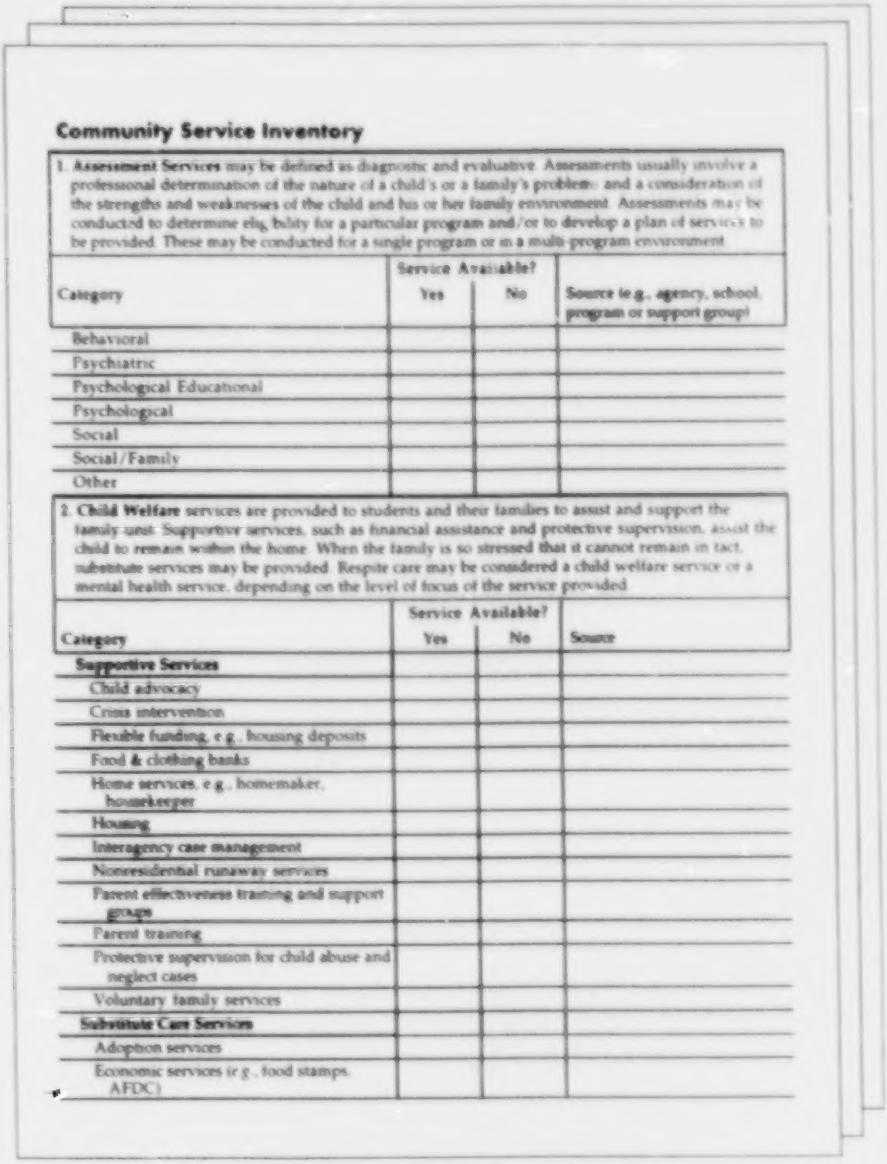
The ten major categories of service assessed by the Inventory (adapted from [145]) are not meant to be exhaustive. Your stakeholders will want to add categories that are unique to your community. If an inventory of your community's services has never been completed before, using the results of this Inventory to publish a directory of community services (see Chapter 2) can be an outstanding first achievement for your stakeholder crew.

To complete the Community Service Inventory (Figure 3-3):

1. Read the descriptive paragraph accompanying each service category. Ask the group that will be completing the Inventory to discuss the descriptions.
2. Choose a target population (*e.g.*, a school population, a cluster of schools, a community), either one identified by the demographic survey or one you are considering for a full service school program. As your stakeholder crew works down the list, determine whether each service is available to the target population and what the source of the service is. Contact each source agency to verify that the service is still available.

Know your service providers and what they have to offer. It is important to know them as people, too — you can go a lot further together when you understand each other and know when you can depend on each other.

Jane Prewitt
Prevention Therapist
Avalon Center for
Mental Health



Community Service Inventory

1. **Assessment Services** may be defined as diagnostic and evaluative. Assessments usually involve a professional determination of the nature of a child's or a family's problems and a consideration of the strengths and weaknesses of the child and his or her family environment. Assessments may be conducted to determine eligibility for a particular program and/or to develop a plan of services to be provided. These may be conducted for a single program or in a multi-program environment.

Category	Service Available?		Source (e.g., agency, school, program or support group)
	Yes	No	
Behavioral			
Psychiatric			
Psychological Educational			
Psychological			
Social			
Social/Family			
Other			

2. **Child Welfare** services are provided to students and their families to assist and support the family unit. Supportive services, such as financial assistance and protective supervision, assist the child to remain within the home. When the family is so stressed that it cannot remain in tact, substitute services may be provided. Respite care may be considered a child welfare service or a mental health service, depending on the level of focus of the service provided.

Category	Service Available?		Source
	Yes	No	
Supportive Services			
Child advocacy			
Crisis intervention			
Flexible funding, e.g., housing deposits			
Food & clothing banks			
Home services, e.g., homemaker, housekeeper			
Housing			
Interagency case management			
Nonresidential runaway services			
Parent effectiveness training and support groups			
Parent training			
Protective supervision for child abuse and neglect cases			
Voluntary family services			
Substitute Care Services			
Adoption services			
Economic services (e.g., food stamps, AFDC)			

Figure 3-3. *Community service inventory*

Using the Community Service Inventory will help you accomplish steps 2 and 3 of the planning process: identify services families need and want, and identify areas of duplication of effort and gaps between services offered by community agencies. If you have also conducted a demographic survey, you can combine the results of strategies 1 and 2 to ask these revealing questions:

- Is there a need to increase specific services?
- Are there services that should be decreased?

- Which services should remain at their current levels?
- Is there duplication of effort among several agencies serving the same population? Where?
- Discuss the services that are not available. Is there a need to initiate these services based on the needs of the clientele that you are serving? What is the best way for the service to be accessed (refer, relocate, expand, change in service delivery pattern)?
- Prioritize the results of the Inventory. Rank the services that are not available in order of importance as determined by the needs identified in the demographic survey.
- Discuss ways to improve access to and information about the resources that are available (and see Chapter 6).

The Community Service Inventory does not begin to address all there is to know about service availability. You may want to use additional strategies to identify service providers, facilitate timely service delivery, and coordinate and monitor service provision. Use strategy 4, for example, a twenty-question survey of community interaction, to assess your community's knowledge of these issues.

- Public Awareness
- Contact Points for Service
- Location of Services
- Screening
- Tracking
- Follow-up
- Annual Reviews
- Parental Consent
- Outreach Activities
- Identification System for Referrals
- Referral Systems
- Assessment/Evaluation
- Monitoring
- Fee Structures
- Eligibility Guidelines
- Caseloads

Strategy 3: Inventory physical facilities

Knowing what physical facilities are potentially available to your full service school program is critical in determining where you will locate service providers so they are easily accessible to families. In the ideal world, one of three situations exists. First, as new school buildings are constructed, adequate space for community agency representatives is included in the plans — constructing a new high school that serves as a college, vocational training center, and full service school site, for example. Second, the full service school obtains capital outlay* funds to renovate or add facilities later. Third, participating agencies pool their resources to lease or construct facilities — renovating an old school site with community funding that promotes co-locating services, for example. All of these ideal world options require thorough and visionary planning, however, so this strategy requires surveying available facilities and defining facilities that are needed but do not yet exist.

*** Capital outlay**
funds used for fixed assets such as land or buildings, improvements to grounds, construction of or additions to buildings, remodeling, or equipment

Consider these practical, "real world" options for utilizing existing physical facilities in imaginative ways:

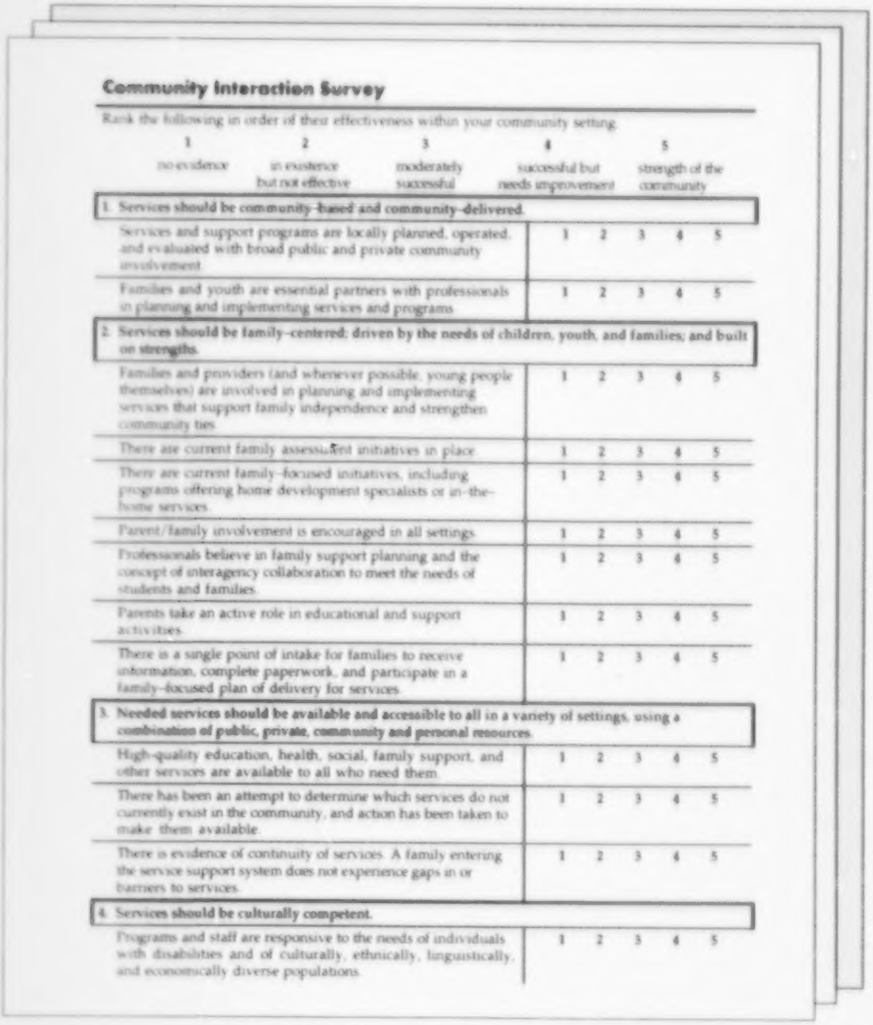
- Use community buildings during unscheduled hours.
- Convert existing space, such as garages, closets, unused office space, vacant apartments, or vacated stores, into usable space.
- Use portable buildings and house trailers.
- Share existing space with other agencies: reorganize schedules, offer alternative schedules for services, and encourage flexible hours. School sites that are typically not operational after school hours are particularly suited for this option. Working families are more apt to utilize services in the evening.
- Organize mobile units to travel to specified community sites at scheduled intervals. Communities across the country have equipped mobile health vans, mobile parent literacy centers, and traveling teams of professionals who go where the families are.
- Deliver services in the home environment. Early childhood programs, specialized services for at-risk families, and literacy programs are particularly adapted to delivery in the family's own environment. This has the added advantage of eliminating some of the major barriers to service delivery: transportation and child care. An example of delivering services in the home environment might include a unit in a subsidized housing complex being dedicated as a family support center.
- Organize teams of professionals that "float" between service delivery sites. On the day that the team is scheduled on the site, a counseling room or office space is made available.
- Look for rooms that are not used 100% of the time. There are few buildings where every room is used all day and all evening or weekend.
- Find ways to consolidate resources to provide additional space. This may have the added benefit of co-locating resources at more than one site.
- Approach churches in the community; they have a history of collaboration, outreach, and family support. Most churches have the advantage of being located within concentrated population areas, and they often have excellent facilities that are used only on Sundays and a few evenings each week. Churches also often have buses or vans that can provide transportation.
- Seek out space in schools with declining enrollment or agencies that are cutting back on personnel.
- Assess the political climate for additional funding and grant resources. What is the hot topic in your state's legislature? Is it possible to align your need for space with another initiative that is likely to receive funding and resources?

F

For additional information on sizes of facilities and suggested design criteria, refer to Appendix F, which defines three areas commonly found in full service school settings: the school health room, a reading resource room, and waiting room.

Strategy 4: Assess community interaction

More than 50 national organizations concerned with the well-being of children, youth, and families met in January 1994 to develop consensus on a set of principles for effective family service delivery systems. The consensus was published in a report, "Principles to link by — integrating education, health and human services for children, youth, and families: Systems that are community-based and school-linked" [105]. The Community Interaction Survey shown in Figure 3-4 uses the group's ten principles to as the basis for assessing how your community interacts with at-risk families (see Appendix G for the complete Survey).



Community Interaction Survey

Rank the following in order of their effectiveness within your community setting

1	2	3	4	5
no evidence	in existence but not effective	moderately successful	successful but needs improvement	strength of the community

1. Services should be community-based and community-delivered.					
Services and support programs are locally planned, operated, and evaluated with broad public and private community involvement	1	2	3	4	5
Families and youth are essential partners with professionals in planning and implementing services and programs	1	2	3	4	5
2. Services should be family-centered; driven by the needs of children, youth, and families; and built on strengths.					
Families and providers (and whenever possible, young people themselves) are involved in planning and implementing services that support family independence and strengthen community ties	1	2	3	4	5
There are current family assessment initiatives in place	1	2	3	4	5
There are current family-focused initiatives, including programs offering home development specialists or in-the-home services.	1	2	3	4	5
Parent/family involvement is encouraged in all settings	1	2	3	4	5
Professionals believe in family support planning and the concept of interagency collaboration to meet the needs of students and families.	1	2	3	4	5
Parents take an active role in educational and support activities.	1	2	3	4	5
There is a single point of intake for families to receive information, complete paperwork, and participate in a family-focused plan of delivery for services.	1	2	3	4	5
3. Needed services should be available and accessible to all in a variety of settings, using a combination of public, private, community and personal resources.					
High-quality education, health, social, family support, and other services are available to all who need them.	1	2	3	4	5
There has been an attempt to determine which services do not currently exist in the community, and action has been taken to make them available.	1	2	3	4	5
There is evidence of continuity of services. A family entering the service support system does not experience gaps in or barriers to services.	1	2	3	4	5
4. Services should be culturally competent.					
Programs and staff are responsive to the needs of individuals with disabilities and of culturally, ethnically, linguistically, and economically diverse populations.	1	2	3	4	5

Figure 3-4. *Community interaction survey*

The Community Interaction Survey guides your assessment of your community's strengths by asking you to rank its position with regard to characteristics of each of the ten principles. Ask a cross-section of your stakeholder crew to complete the Survey. Not only will this task provide your stakeholders with input on community strengths and weaknesses, but the task will also spark community interest in your full service school!

Strategy 5: Design a unique community survey

The questionnaire you receive by mail asking which brand of pet food you buy is a survey. The telephone call that asks for your opinion about a political candidate is another example of a survey. When a television commercial claims, "Four out of five dentists recommend...," it refers to the results of a survey of a particular population. If you need to gather a particular kind of information, but you cannot find a ready-made survey form, design your own by first defining its subject as concisely as possible. Ask yourself these questions:

1. Who will you survey: the service consumer or the service provider or both?
2. What are your objectives? For example, you may need to determine the
    - accessibility of services identified in the Community Service Inventory;
    - perceived need for services, from both consumer and non-consumer perspectives;
    - adequacy of services to meet a specific population's needs;
    - quality of services that are available; or
    - barriers to service delivery.

If you and your stakeholders decide to create a unique survey, you should develop an understanding of some basic tenets of survey construction: question formulation, survey administration, sampling techniques, and data analysis. See Appendix E for a sample Community Needs Assessment Key Informant Survey.

Formulate survey questions. The questions you ask — and the way in which you ask them — determine the quality of the response you receive. Careful consideration must be given to developing questions that are clear, to the point, at the appropriate language level, and jargon free. Well-constructed questions elicit accurate and honest responses, and the resulting data are easy to summarize, analyze, and interpret. The two most common types of survey questions are *open-ended* and *closed*.

Open-ended questions allow the subject to respond in his or her own words. The response can be more complete and insightful than a simple yes/no answer, but it can also be more difficult to analyze. Responses, though widely varied, must be forced into categories or classifications in order to summarize the results. Another drawback to open-ended questions is that the subject may perceive them as more time-consuming than closed questions — and may not take the time to answer.

e.g.

> "How would you describe your family's economic outlook for the next five years?"

open-ended question

is an example of an open-ended question.

Closed questions, or restricted items, ask the subject to choose an answer from a specified set of alternatives. Three examples of closed questions follow.

Closed question with simple alternatives:

closed question/ simple alternatives

Which of the following services would you prefer? (Check one.)

_____ *family counseling*
_____ *individual counseling*
_____ *group counseling*

Closed question with ordered alternatives:

closed question/ ordered alternatives

How often would you participate in family counseling if it were available at the school site? (Choose one.)

______ *never*
______ *once per week*
______ *once per month*
______ *once every 3 months*

Partially open–ended question:

partially open-ended question

Which services at this school site do you think families would use most frequently?

_____ *counseling*
_____ *credit counseling*
_____ *recreational activities*
_____ *other (specify _____________)*

Another form of closed question uses a rating scale as the response alternative. An example follows:

Closed question with rating scale:

closed question/ rating scale

How important is it to this community to provide day care for adults who are working toward their high school diploma? (Circle one.)

1 2 3 4 5 6 7 8 9 10
Not Important *Very Important*

You may use a scale with as few as 3 or as many as 100 points, and you can label only the extremes or any points between. Some common scales are very poorly to very well, very weak to very strong, strongly agree to strongly disagree. One of the advantages of rating scales is that the results are simple to analyze and summarize.

Survey Question Quality

Verify the quality of your questions by using this checklist.

☐ Make sure your questions are clearly worded. Test them on several other stakeholders or co-workers before asking them of the survey subjects.

☐ Decide whether you want to cover the widest range of alternatives possible — or narrow the alternatives toward a definitive answer.

☐ Provide an "other" category or a free-response space at the bottom of the survey form to allow for comments.

☐ Avoid offensive language. Be sensitive to your subjects.

☐ Do not use abbreviations or unfamiliar terms. For example, PTA should be written "Parent / Teacher Association."

☐ If you ask questions with a time element, use a referent point.

Poor: *How many times did you or a member of your family seek counseling last year?*

Better: *How many times did you or your family see a social services counselor in 1994?*

☐ Ask only one question at a time.

Poor: *Should the full service school offer economic services or counseling services?*

Better: *Should the full service school offer substance abuse counseling?*

☐ Avoid using negative words that may cause confusion.

Poor: *Should the school not offer economic assistance services on campus?*

Better: *Should the school offer economic assistance services on campus?*

Assemble the survey. Simply placing a collection of questions on a piece of paper does not make a well-constructed survey. Consider the following points:

1 In what order should the questions be arranged? The survey should have continuity; related items should be placed together. Don't skip around between subjects — the survey should read like a book to encourage the completion of the whole task.

2 Ask for demographic information **last**. Place the more interesting questions first to grab the reader's attention. Use short transitional paragraphs to move the reader through the survey.

3 If some questions are "sensitive," place them after less objectionable ones. Try to spread sensitive issues — teen pregnancy, AIDS prevention awareness, for example — throughout the survey instead of concentrating them in one section.

4 Within a given section of the survey, be consistent in the kind of response you request: consistently ask for a checkmark, a check on a line, or a circle around a number.

5 Consider using color-coded response sheets or scanner sheets to facilitate tallying and analyzing the data.

6 Keep it short! Use more than one survey, over time, if necessary.

Select a survey sample. Without the proper sample, you will not be able to generalize your survey results to the population. For example, if you interview only agency and school personnel, the results may not accurately predict the feelings of the rest of your community. A representative sample✱ should reflect the community in which you live. Consider ethnicity, sex, occupation, and mitigating factors (such as migrant families) in your sample. If several languages are spoken in your community, consider translating the survey to broaden your representative sample.

✱ **Representative sample**
a cross-section of a population, often used to provide a convenient estimate of some characteristic of the entire population

A representative sample for a survey seeking to determine what services are needed to combat juvenile crime in a community might include law violators and their families; at-risk children and their families; providers of juvenile counseling or job services; judges, state's attorneys, and public defenders; law enforcement representatives; education representatives in administrative, instructional, and non-instructional roles; victims and their families; and the community at large.

An alternative to a representative sampling method is choosing a random sample✱. Use a table of random numbers or use a computer program that can generate a table for you. Use the random numbers to select survey participants from a large list such as a telephone book.

✱ **Random sample**
selected so as to guarantee equal probability of selection to all same-size samples that could be formed from all members of the population involved

To determine what size your sample should be — how many surveys are enough, in other words — you must consider margins of error✱. If you do not want to use research formulas to establish a suitable sample size, follow this rule of thumb: if the population that will be affected by the results of your survey is large, then your sample size should be large. For example, if you have a population of 5,000 and you expect 62 percent to favor one item on the survey, a sample of 550–600 subjects would give you an acceptable level of error of about 2 percent. But if your affected population is only about 2,000, then you can use a sample size of about 450–500 to yield the same results.

✱ **Margin of error**
difference between an obtained score and the corresponding true score

Administer the survey. Your stakeholders will need to choose a method or combination of methods for delivering the survey to a representative sample of your community. Consider each of several survey methods:

Mail surveys are one efficient way to gather information from identified populations. There are several things to consider about this option:

- Is there a way to "piggyback" your survey onto an existing mail service to your target population?
- Will you provide postage for return surveys?
- What about non–response bias? What happens if a significant portion of the sample does not respond?
- Which strategies will you use to increase response: cover letters, pre-contacting a percentage of the population by phone, or using follow-up letters?

Group administration is an alternative to mailing individual surveys; instead, solicit responses during regularly scheduled meetings of community groups. Discussion about confidentiality, as well as an individual's right to refuse to participate, should take place before the survey is administered.

Telephone surveys may produce unreliable responses if survey personnel are insufficiently trained. Training should include techniques for accurate tabulation of responses, courtesy, clear speech, and responding to hostile reactions. If telephone survey is your chosen method, limit the length and number of questions. Ensure that adequate manpower and time are allotted to the task.

Personal interviews offer a high probability for obtaining insightful responses if you have adequate manpower and few time constraints. Anticipate having to train the interviewer, and construct a list of anticipated interviewee requests for additional information.

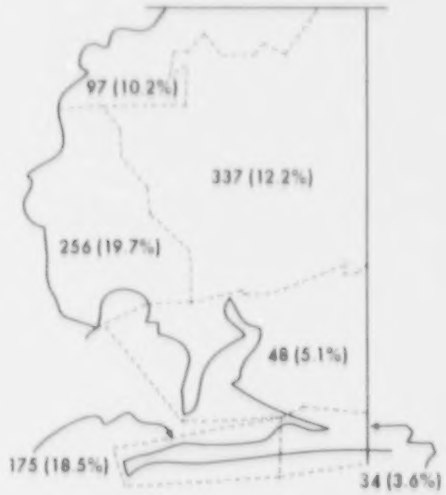
Other media can also offer valuable data. Consider newspaper surveys, radio call-ins, local television shows, or town hall sessions as other forums for information gathering.

Strategy 6: Use computer-based mapping

Mapping✱ has an advantage because visual — as opposed to numerical — depiction of information gives that information greater impact. For example, when address data on users of a particular service is linked with geographic depictions of the addresses, community maps can be generated to show the distribution of service usage. The mapping is done in an attempt to understand social service information and how it is meaningful for the population. Advances in technology, including census data in a geographic format, allow very detailed information to be mapped. Examples of computer-based mapping follow.

Mapping ✱
graphic representation of needs assessment information about the whole or a portion of a community

- Data from the juvenile justice system is mapped to zip code information in order to pinpoint zip codes where students involved in the juvenile justice system reside. Schools that serve those zip codes can then be targeted for delinquency programs.
- Mapping the number of abuse and neglect reports generated in a geographic area helps to determine where in the community a caseworker and investigator should be stationed.
- Comparing current and previous maps of the number of individuals receiving economic assistance in a geographic area may show decline in one location and increase in another. This information could justify moving the economic services office closer to the more needy population.



Increase in Juvenile Justice Cases
(Number & percent increase over 19XX by zip code)

Figure 3-5. *Computer-based mapping*

> ***The most important result of implementing a full service school program is the gathering of information that provides possible reasons for certain student behaviors.***
>
> **George Dahlgren**
> **Principal,**
> **Holley-Navarre**
> **Middle School**

If you do not have access to computer-based mapping and analysis, the same kinds of conclusions can be drawn from a paper-and-pencil exercise. You may even choose to use both computer and paper methods of analysis to gain a more complete picture of your community.

Strategy 7: Conduct a stakeholder analysis

A stakeholder analysis enables your planning crew to compare the views and goals of its key players to the goals and design of your full service school. Using this strategy helps to increase the involvement and commitment of your stakeholders. The concept of stakeholder analysis is really analogous to an ongoing needs assessment: during the program's design phase, the stakeholders have an opportunity to shape the vision. As the program evolves, stakeholder input helps to foster communication and minimize barriers to implementation.

Set the stage for collaboration by presenting community needs assessment data to key stakeholders. A stakeholder analysis relies on good data. Once you collect the data via a demographic, community services, community interaction, or unique community-wide survey, summarize the findings concisely for the stakeholders, using visual displays such as charts and graphs to reinforce the findings.

A stakeholder analysis may take place in one of two ways, depending on resources and time constraints. The first option is to interview individual stakeholders (Figure 3-5). A second option is to brainstorm the same issues in a group setting, with one person acting as a moderator. No matter which approach you choose, the critical element is stakeholder involvement. Establishing your full service school's goals must involve people at all levels of the governance structure.

Option 1: Interview. Distribute data reports generated from a demographic survey, a community service inventory, or a community interaction survey to each stakeholder, allowing time for review. Next, assign a two-person team to interview each stakeholder (one team member conducts the interview; the other takes notes). Ask questions in a conversational style; doing so will elicit concerns about and vision of the proposed full service school program.

Stakeholder Interview

Interviewer: You have reviewed data that were gathered in an effort to initiate interagency collaboration in our community. The initiators of this data collection process believe strongly in these five guiding principles:

1. Human services in our community should be **family focused**.
2. Services should be **accessible** to as much of the community as possible.
3. We should look for ways to become more **efficient** and to utilize existing resources before soliciting funding for new resources.
4. We must plan **with** the community, not **for** the community. We believe in involving all members of the community in the planning process.
5. We are enthusiastic about improving our community's service delivery system. In order to measure our success, we must **document results**.

With these thoughts in mind, please answer the following questions:

1. What can our community do to improve family-focused services?
2. What are the major barriers to delivering family–focused services?
3. What are the greatest needs in our community?
4. How would you suggest measuring the program's success?

Figure 3-6. *Stakeholder interview*

Capture the stakeholders' input in a report that highlights the most frequently expressed issues and ideas, as well as other especially relevant or creative ideas. Share the summary report with all the stakeholders.

Remember that if stakeholders at all levels are not involved in the interview process, they will be less likely to support changes in your community's service delivery system. By using the stakeholder analysis to determine your program's goals and objectives, the stakeholders will be able to clarify the community's critical needs. Here are some examples of "critical needs":

- improve interagency planning
- clarify and improve assessment and eligibility determination methods for needed services
- improve referrals to existing services
- find ways to empower families, especially by involving parents and guardians in the process of improving services and access to services
- emphasize alternative methods for financing programs, such as sharing the cost of caseworker positions or co-locating services
- support vocational training, job development, and employment services
- research resources for overcoming transportation barriers
- increase child care capacity, especially in before- and after-school programs
- expand health and mental health services
- make services accessible to as much of the population as possible by using alternative forms of service delivery (e.g., a service center collaborating with home-based services, mobile services, and transportation)
- document success by establishing baseline data, sharing information from existing data systems, and creating a program-wide data collection design

Stakeholders may also use the report to expand the five guiding principles.

Option 2: Brainstorming. The second option for stakeholder analysis is to prepare a written report containing information gathered from your needs assessment and present the information to the stakeholder crew as a whole. This option saves time, but it may also open the door for individual personalities to dominate the crew's decisions.

The golden rule here is collaboration! If you choose Option 2, guard against one individual or agency becoming dominant. Ownership of your program's goals and design must belong to all stakeholders in order to build the foundation of trust necessary for program implementation.

Pointers

Use the report of stakeholders' interviews to reinforce the program's five guiding principles and to expand interagency collaboration:

- **Build on strengths of individual children, families, service providers, schools, and communities.**
- **Offer a variety of services tailored to the unique needs of individual students and families.**
- **Select prevention, intervention, and treatment services in order to reduce the number of students referred for crisis intervention services.**
  Use natural support systems —family, friends, neighbors – to reduce the need for more intensive and expensive services.
- **Share information and training across agencies, devoting time and effort to the education and retention of good staff.**
- **Safeguard confidentiality to ensure that there are no breaches of child and family rights, yet permit the sharing of information on a need-to-know basis.**

Strategy 8: Lead a focus group

A focus group is defined as a small group of individuals "focused" on a particular topic for a short period of time. The purpose of focus groups is to gather information quickly and from a variety of perspectives. This approach saves time compared to a paper-and-pencil survey, and it can help you gain more personal insight into community needs. Focus groups are ~~also very~~ useful as a training technique for expanding community awareness of available resources.

Depending on how carefully focus groups are planned, there may be some disadvantages. The information gained will not be as complete as the data from an extensive survey, and depending on the comfort level of participants, responses within the focus group may be biased by dominant personalities.

A full service school focus group, composed of key community agency personnel, workers in the frontline of service provision, and representatives of families can be pulled together for short, intense sessions. The group will assist your planning team in all six steps of program planning:

1. identify target groups,
2. identify significant problems facing families,
3. identify services families need and want,
4. identify areas of duplication of effort and gaps in service among agencies,
5. identify barriers to receiving services, and
6. develop an action plan.

The planning team may choose any number of participants for a focus group. A group of about twenty participants is relatively easy to work with: the group can break into four smaller groups of five members each. Invite 10–15% more members than you need, to compensate for no-shows. The focus groups should be scheduled at an hour convenient for the participants, and you may want to plan duplicate sessions in two locations to overcome transportation problems. Holding the focus group event in or near the proposed full service school site can help set the stage to introduce the full service school concept to your community.

Assign each workgroup a "family dilemma," a scenario typical of a family in your community, and give each workgroup member a typed copy. (The planning team prepares the scenarios prior to the focus group session.) A simple way to write the scenarios is to ask a frontline caseworker to describe a typical family in his/her caseload. Alter enough of the story to protect the family's confidentiality. Two scenarios are given in Figure 3-7.

The Whittakers have two small children. Dad is employed by a small business, and Mom works part-time; their annual income is $24,000. Dad has a high school diploma and some vocational training. Mom left high school in tenth grade. Tommy, a third grader, has major problems in school: inattention, disruptive behavior, and falling grades. The family's rising frustration with the school is causing strain in the marriage. Susan is only three but already beginning to act out.

The Millers have three children and an income below poverty level. Dad works for a construction firm, and the family struggles to make ends meet. Mom is unemployed. Daughter Nancy, 16, has a history of marijuana use and is mother to a 6-month-old. The child's father is sexually active, may have been exposed to AIDS, and does not provide financial support. Nancy did not receive medical care during pregnancy; neither has she received care since giving birth. Nathan is eight and is considered at risk because of retention, low income, and academic underachievement. Susan, four, stays at home with Mrs. Miller, who shows signs of depression and alcohol abuse.

Figure 3-7. *Example focus group scenarios*

You may decide to use the same or different scenarios for each workgroup. The facilitator for each workgroup reads the scenario aloud and guides the group through a series of questions about the dilemma.

1. What kinds of problems and needs does this family have?
2. What kinds of services does this family need to support its functioning?
3. What do you see as the major barriers this family must overcome in order to get the support it needs to function more effectively?
4. What agencies or services are available in your community to help this family meet their needs?
5. Are there any duplications of effort among the agencies and services that you mentioned?
6. Are there any "gaps" in available community services that hinder progress within this family?

If time permits, ask participants to create additional scenarios based on their own real experiences with service delivery in the community.

Focus on Stakeholders

While Joan Adams is used to dealing with both tentative and aggressive behaviors that are manifestations of her sixth grade students' development, she also knows that the start of any school year requires extra perseverance and commitment. The start of this particular school year required even more from Joan: instead of having students "feed" into her class from one elementary school, they came from three schools — one of which had been destroyed in a disastrous summer storm and was not even in Joan's own school district.

Several weeks into the term, most of Joan's students had settled into the school routine. Three students, however, became increasingly disruptive, bored, and inattentive. What's causing this behavior?, Joan wondered, noting that all three had come from the out-of-district school. Once she began noticing what these students had in common, she realized that they'd been classmates since kindergarten, that they'd historically made good grades, and that none had previously presented a behavior problem.

During one particularly trying class, Joan attempted to involve her three young troublemakers by asking them to draw a map of the Southeast on the blackboard, writing in the name of each state's capital. When they couldn't remember one name,

Keep the focus group's operation as informal as possible. Serve refreshments. Make opening remarks very brief. Divide participants into four or five small workgroups. Aim for a mixture of participants in each workgroup, including agency personnel, frontline workers from all representative agencies, and family representatives. Designate a recorder/facilitator for each workgroup. Have the recorder document the workgroup's activities on a flip chart. At the end of the session, arrange for these notes to be shared with the entire group, and incorporate them into session minutes so the planning team can analyze them later.

Strategy 9: Take an action research approach

The term action research*, used to describe this strategy, is not intended to mean a scientific study utilizing control groups and statistical analyses. The definition of a full service school is to integrate "educational, medical, and/or social and human services for children and youth and their families on school grounds or in locations that are easily accessible." A practical way to assess the needs of families that could potentially be served by a full service school is to place a social worker or trained case manager* at the proposed site of the full service school; here they can collect information about and gain a better understanding of the community's needs.

Action research * research conducted by a social worker or trained case manager at a full service school site

Case manager * works directly with families to identify needs, coordinate resources, and assess progress toward families' goals

Ask (or provide funding for) a community agency to assign a social worker or case manager to work actively with school-based personnel at the proposed full service school site. The temporary assignment will allow the worker to log extensive, firsthand observations that can contribute information to the planning process.

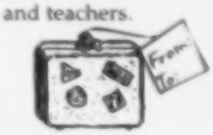
The advantage of the action research approach is that one individual will be dedicated to the information-gathering task for an established period of time, providing the planning team with access to specific, quality information. The disadvantage is that this approach provides only one person's viewpoint on service

Joan suggested checking their textbook. Two of the students returned to their desks to look. "We can't find it," they said. "It's on page 64," Joan replied. There was a long pause while they turned pages without stopping.

It was then that Joan noticed one more common trait: all three wore glasses. And it was obvious that, for at least two of them, the glasses weren't working: they couldn't find the answer because they couldn't see the page numbers clearly.

Later, Joan discovered that while her full service school offered annual vision screening, conducted by an on-site health nurse, the district where these students attended elementary school had no such program. Digging deeper, she found that the students' glasses were considerably more than a year old. An immediate referral for vision screening resulted in new glasses prescriptions — and more attentive classroom behavior.

There was another outcome: at Joan's suggestion, services at all three elementary "feeders" were studied. The resulting data means transitions that are far more successful for students and teachers.



needs. If this approach is chosen, try to balance the worker's time between school site personnel, agency personnel, families, and community interaction. The worker may even choose to use some of the other strategies suggested in this chapter in an attempt to obtain more detailed information. The worker should meet frequently with the planning team to provide updated information and to generate new questions for assessment.

Strategy 10: Conduct a transition study

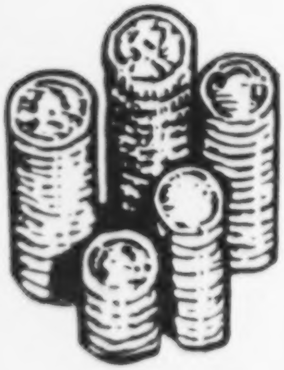
Two pressing questions are usually asked once a full service school program is in place: "What happens to students and families when they leave a full service school site?" and "Aren't there services that can be provided to families before the child enters a school?" Just as there is danger in planning a program whose services are too dilute to make an impact, there is also danger in not offering support services to families for long enough periods of time to make a significant difference in their lives. Since families move in and out of crisis over time, no single age group benefits more than another from a full service school program.

A transition study of services being provided to a target population over time is used to establish a "continuum" of services, to ensure that there are no gaps of time or support as they move from one age group to another or from one location to another. For example, students enrolled in a kindergarten class may be served by a whole host of pre-kindergarten programs and services designed specifically to identify developmental delays before a child enters school. A study of programs serving pre-kindergarteners will facilitate those students' smooth transition to kindergarten without interruption of family support services. Another example of a transition study is the analysis of services across a school's feeder pattern. What happens to a targeted group of families as their children move from elementary to junior high, high school, and beyond?

The transition study will help ensure that support services are delivered over a longer period of time and without interruption. The transition study determines what service delivery approach is necessary and also provides a rich opportunity to collect longitudinal data about program outcomes.

A transition study is useful in both the original program design or for the expansion plan of an existing full service school program. Instead of looking at one site as the source of all services, an assessment of the feeder patterns may indicate the need for service delivery across multiple school sites. Offering services at multiple sites can be a very cost-effective approach to service delivery, but beware of stretching personnel too thin — and diluting service delivery — by moving them between sites. Take the case of a registered nurse assigned to two school sites, where the ratio of students to nurse does not exceed 1500 to 1 at either site. The ratio, frequently recommended, allows the nurse to successfully offer comprehensive health prevention, education, and intervention for two schools instead of one. If the student-to-nurse ratio were too high, however, the nurse would likely be putting out fires and getting burned out — and quality of service in both schools would deteriorate, defeating the purpose of your program. A second example is a police officer assigned to offer drug and alcohol abuse prevention programs to intermediate-age students and to provide follow-up activities for middle school students. If the high school these younger students feed into has a police officer on campus, early intervention and crime prevention services have now been continuous across nine grade levels. Students who stay in this feeder system benefit from prolonged exposure to prevention activities; students moving in or out of the system would be exposed to some prevention activities whenever they enter.

Now you have ten new tools with which to pour a foundation of knowledge about your community, all designed to provide information that you and your stakeholder crew will use to ensure that your goals are achievable, that your program design is responsive to the community's needs, and that all stakeholders have ownership in the program. In Chapter 4, you will accumulate more new tools: those you need to obtain financing for construction of your full service school.



Chapter 4

Finance the construction

Having available, ready, and trained personnel to handle daily crises is the most valuable aspect of a full service school program. The effort is great, but more than worth the time. The easiest part of the program is the immediate success of services and providers. The hardest part is finding funding to start and continue the program.

Barbara Reeves
Counselor
Oriole Beach
Elementary School

Financing the construction of a full service school often requires you to seek funding from multiple sources. Funding a full service school program touches on more than meeting the needs of children and families — it also requires fulfilling the needs of agencies that are "at risk." Because complex funding formulas can produce fragmented service delivery and costly, ineffective, or inefficient operating procedures, community agencies suffer from duplication of effort and ongoing funding crises. With each funding crisis, agencies are forced to reduce the number and quality of their services and to increase caseloads. So, community agencies become like the families they serve: at risk. If you want to build quality into your full service school, then, you must find ways to coordinate service delivery and financing by working with, rather than in isolation from, other community stakeholders. Designing a solid financing plan now can reduce risk and prevent the need for major remodeling later.

No single funding model is appropriate for all full service schools, nor will remodeling your community's service delivery system solve everyone's problems. Trying to fund a full service school "house" large enough to solve everyone's problems may instead find you building a bureaucratic eyesore: a full service school that cannot adequately solve anyone's problems. So when your stakeholders develop an action plan for funding, remember Maslow's needs hierarchy and the medical triage model, where basic needs must be met first and where needs are prioritized by likelihood of success.

This chapter offers the funding tools you need to

- overcome barriers to and develop effective strategies for successful funding;
- take a collaborative approach that guarantees the effective use of existing funds and reveals the need for additional funds;
- understand the roles and politics of local, state, federal, and private funding sources; and
- be able to choose funding sources whose goals are compatible with yours.

Focus on Stakeholders

The dreaded phone call comes. The major funding source for your full service school initiative has been pulled. The steering committee advises you to proceed with your "zero-based budgeting plan." Although you're upset, you know that most of the full service school program will continue, and you're feeling smug.

Does this scenario make you a little uneasy? It should. In today's climate of funding cutbacks and layoffs, it is reality. So how can you plan for that dreaded call? Here are some "voices of experience" from Santa Rosa County Schools.

"If you use a large grant source to initiate the program, spread the funding around! Don't concentrate all funds in one program that won't survive off other sources."

"Don't fund ANY personnel positions without local match dollars! For example, if you want to hire a person to recruit additional volunteers, use the grant dollars as 'match' dollars with another funding source and pay 30 to 50% of the total position cost."

"Move people 'out from under' the grant as quickly as possible. When opportunities present themselves to continue the program under a continuing or more stable funding source, don't hesitate to move people and resources around within the partnerships established as part of the effort. Build in the expectation that new programs will be expected to look for alternative funding!"

"Continually seek out alternative sources of income. Consider Medicaid billing, family contributions, private donations, additional grant proposals, etc. as an ongoing and mandatory part of your program plan."

"Look for opportunities to 'match' dollars from other program funds. More and more opportunities to fund new programs require that local commitment dollars be used to draw down additional funds. Be an entrepreneur.... Write an evaluation component

Funding Barriers and Strategies

Funding, in its broadest context, strongly influences the scope, characteristics, and effectiveness of services and support available to children, youth, and families. "The patchwork of funding strategies now used for school-linked services has resulted in small-scale, temporary programs rather than long-term programs that are systematically developed and funded" [46].

Your stakeholder crew must leap a major hurdle: ensuring adequate funding for the full service school's implementation. Poorly constructed funding strategies may promise more than can be delivered. Stretching limited funds to meet program needs, and consequently diluting service delivery, is yet another danger of a poor funding strategy. Diluted services limit the impact of the program for children and families and cause stress and discouragement among staff.

Funding barriers as opportunities

At least six major barriers to funding full service schools exist. These barriers are often seen as obstacles to service delivery; however, in a well-orchestrated collaborative effort, the barriers can actually become opportunities!

Opportunity 1: Categorical or discrete definitions of funding. Categorical funding✱ barriers are policies that give one community agency the responsibility

Categorical funding ✱
funding designated for specific services only, e.g., funds for volunteer programs that cannot be used to purchase student supplies

in one program plan to match dollars in additional programs."

"Place priority program areas on 'seed programs' - programs that need a onetime funding source to get started, but have a mechanism for becoming self-sustaining. For example, one of our full service school sites started a Cadet Program in collaboration with the local Sheriff's Department. With the purchase of a set of basic uniforms and equipment, the program has become self-perpetuating. The students contribute dues and participate in fund-raisers to replace uniforms. The program is a valuable asset to both the students and the community."

"If program funds are lost, look for opportunities to 'adjust' working hours of other employees to maintain a level of service while new alternatives are explored."

"Use your evaluation component to readjust the levels and intensity of services so that funding priorities are based on program outcomes. Don't fund programs that don't get results!"

"Be sure to include your governance structure in all levels of decision-making about funds! When partners participate in funding decisions, there is more OWNERSHIP of program objectives. If funds disappear, the services that have become an integral part of partnership agreements will remain top priorities in budget decisions."

"Expand partnerships as quickly as possible. The more you 'give your program away' to others, the more successful your program will be in the long run. Share the trials of program growth, but be especially careful to share every success with every member of your program!"

to address a single problem or population. Consequently, when families have multiple needs, they must contend with a separate agency for each problem. Eligibility requirements are defined in narrow terms. Children and families are often burdened by labels associated with the services they need — the "welfare family," the "at-risk population" — and their problems are compounded by the labels. The opportunity presented by this funding barrier is to develop an integrated system of service delivery where labels and boundaries between programs disappear, the family unit is highly valued, and bureaucracy is reduced as much as possible within the constraints of the categorical mandates.

Opportunity 2: Distinct eligibility criteria. A large percentage of any service program's administrative costs is expended on screening applicants for eligibility. Families forced to meet the eligibility criteria of several separate agencies may receive overlapping or duplicated services — or no service at all. Endless paperwork, documentation, and administrative "safeguards" waste valuable time and divert funds from services. However, the full service school model offers the opportunity to develop flexible funding strategies that minimize overlapping eligibility criteria and create a single, common eligibility assessment that can be used by all agencies. For example, the application for free or reduced lunch could also be used as an application for other programs such as health insurance or mental health counseling, using the same income eligibility guidelines. The only requirement is interagency dialogue and cooperation.

Opportunity 3: Duplication and overlap of services. While some desperately needed services go unfunded or underfunded, the examples of duplicate funding and overlapping services are well documented. For example, many teen parents are considered at risk, and so are eligible for a variety of support services. Without coordination of the services, teen parents may discover they have three counselors, but no transportation to the doctor's office for a physical exam. The opportunity that a full service school presents is to establish interagency collaboration, thus paving the way for cost sharing or blended funding (discussed later in this chapter) as techniques for maximizing limited resources by reducing duplication.

Opportunity 4: Lack of communication. When each community agency is specialized, there is very little communication within and across service providers — even among those who have the same basic goals for the same families. The challenge is to build your full service school's governance structure so that it lends itself to communication, not only among service providers but also among families and the community at large. With improved communication, your stakeholders will be better able to identify funding needs and develop appropriate strategies.

Opportunity 5: Lack of clear documentation. There is no shortage of statistics about the number of families who receive services from community agencies, but there is little documentation of the impact of these services. Does more and better service delivery translate into proof that collaborating agencies will make a difference in how well children perform in school? These kinds of data are not usually kept by individual agencies. However, the program goals for full service schools are long-term, which presents you with another opportunity: to develop a research model that tracks service delivery and cost effectiveness, and that shows whether you are making a positive change in your community. Stakeholders and taxpayers will be more supportive of a program that documents effective, efficient use of tax dollars.

Opportunity 6: The maze of funding resources. Last but not least in the list of funding barriers is the difficulty of finding your way through the incredible maze of available funding sources. The way in which monies travel from a funding source to a family is often referred to as a funding stream*. The opportunity here is for your stakeholder crew to travel through the maze, map the appropriate funding streams, and match those streams to the target population.

Funding stream *
another term for categorical funds; targeted to a specific population and often has strict eligibility criteria

Funding strategies for a full service school

Your funding strategy should seek to maximize existing financial resources by reducing duplication of effort, consolidating agency locations, and sharing resources. If you still need additional funding, then construct an action plan using these funding strategies before you write proposals (Chapter 5) to funding sources:

Strategy 1: Support front-end priorities. Intervention and prevention services are more effective when they reach children at an early age, and your funding strategy should direct monies to these priorities. Prevention is a better investment — and cheaper — than either treatment or rehabilitation. Unless you are committed to front-end priorities, specialized care and crisis intervention services will take a disproportionate amount of your total budget. A well-integrated system, capable of identifying troubled children and families at the first sign of problems, is the best and most effective prevention program.

Strategy 2: Seek funding for services that have the most value. In other words, services must be provided and paid for on the basis of appropriateness and effectiveness, as well as cost. If you increase efficiency and reduce expenditures in one area, reinvest the savings in expanded prevention and early intervention programs.

Strategy 3: Collaborate. The full service school stakeholder crew must seek the wisest ways to manage the community's resources. Collaborating agencies must look for the mix of services that best meets the community's needs.

Strategy 4: Use existing resources before you solicit additional funds. The funding tenet of the full service schools program is to supplement — not supplant — existing resources.

Strategy 5: Place high value on families. Choose funding sources that seek to enhance the family's capabilities, not spoon-feed "dysfunctional" families. Advocate for funding that supports the view of family as an active, intelligent consumer of services seeking necessary and appropriate care.

Strategy 6: Plan with families, not for them. All families have strengths to build on. They do not need handouts...only a hand.

Strategy 7: Focus on achieving and documenting desired results. Be sure your program's budget targets services that will achieve specified objectives. Regular and ongoing assessment of results is a critical part of interagency collaboration.

Strategy 8: Be flexible in specifying how dollars are to be used in your full service school program. There are four basic kinds of funding sources: 1) local, 2) state, 3) federal, and 4) private. Greater flexibility in using categorical funds is found at the state and community levels. The more flexible funding sources allow for program administration that fosters pooling of funds, blending of resources, joint operation of programs, and service provision designed to meet the unique needs of families.

Strategy 10: Seek stable and adequate funding. Interagency collaboration requires long-term planning and funding, particularly in support of the infrastructure needed for effective service delivery. Invest in facilities and equipment, automated information systems to monitor and evaluate program success, training, administrative support, and technical assistance. Soft money✱ is best used to start a pilot program or to fund a short-term project, not to fund your entire full service school program.

Soft money ✱
money that is accessible for only a limited time or for separate, discrete projects.

Strategy 11: Base your governance structure on collaborative decision making. Develop funding policies that strongly encourage shared decision making about the allocations of dollars to services and that seek collaboration among federal, state, and community funding sources.

Strategy 12: Build in approaches to service delivery that will survive and flourish in spite of changes in community agencies. For example, the public and private agencies that traditionally serve children with serious emotional disturbances must be ready to function within a system that is dramatically restructured by the dynamics of managed health care.

Strategy 13: Develop and expand your program through communication and training. To expand awareness and understanding of children's and family's needs, stakeholders must take their message to policy makers and other local, state, and national audiences. Frontline workers, families, and administrators must participate in ongoing training to enhance the individual and collaborative skills that facilitate interagency planning.

Collaboration for an Effective Funding Plan

Keep the funding strategies in mind when you take these two steps toward a funding approach that will guarantee the effective use of existing funds and reveal the need for additional funds: 1) identify common funding needs, and 2) streamline access to services in order to maximize the use of funds.

Step 1: Identify common needs

Here is where the true spirit of collaboration and coordination in funding becomes manifest. Coordination occurs when agencies agree to correlate and refer families to each other, but they do not really work together to solve the families' complex problems. Collaboration is a joint venture; it requires identifying common needs in a single, united effort. We all want the basic necessities for children: stable family support mechanisms, child safety and survival, good physical and mental health, economic well-being, the best of academic opportunities, and a preparedness to contribute to society as a working individual. We want the same outcomes for families: stable family support mechanisms, economic well-being, good physical and mental health, adequate housing, employment, safe neighborhoods, and a willingness to contribute to the community (see Chapter 3 for needs assessment strategies, particularly focus groups).

Step 2: Streamline access✱

Before seeking new funds, your stakeholder crew should analyze the community's service delivery system to see what aspects of your full service school program can be delivered **without any additional funding**. For instance, what does it mean to streamline intake evaluations and eligibility assessments? Streamlining access keeps programs and services up to date with community needs, makes their delivery simpler and more efficient, eliminates unnecessary tasks for both families and service providers, reduces duplication of effort and information, and builds partnerships among agencies working toward common goals. In other words, streamlining access means improving services and lowering administrative expenses. Streamlining access makes your service delivery system more cost-effective and efficient — and makes your funding plan less complex.

✱ Streamline access
improve cost-effectiveness and efficiency of service delivery through administrative change, better utilization of existing resources, and exploring technological possibilities

There is a golden opportunity for local agencies to consolidate resource and referral services for existing programs based on funding streams. For example, one agency may act as a referral service for all child care services in the area, while a second agency coordinates transportation services. Often these efforts can be coordinated without additional funding.

What follows are three approaches to streamlining service access:

- administrative changes;
- better utilization of existing resources; and
- exploring technological changes [105].

Streamline access: administrative change. Streamlining access succeeds only when accompanied by changes in the way services are administered, planned, organized, and delivered; governance structures are restructured; staff are trained and supported; and accountability is ensured. Do not lose sight of the ultimate goal of funding strategies: to create system change through collaboration that enables families to better access public and private services that are tailored to their special needs.

One technique for bypassing inflexible categorical funding is termed wraparound funding. Wraparound funding✱ means setting up funding resources to track agencies' responsiveness to a child's needs over time. For example, a child identified with a developmental delay at birth receives a continuum of services from birth to age five, utilizing multiple funding resources, and is ultimately integrated into exceptional student services in public education. Developmental delays are minimized. Family support services build a foundation for the child to achieve his or her optimum level of achievement. Administrative change must take place to facilitate wraparound funding.

✱ Wraparound funding
setting up funding resources to track agencies' responsiveness to a child's needs over time

Funding consortia or clusters can also be arranged so that when no single agency has the resources to meet the needs of a population, a multiple-agency unit is formed. Each agency contributes a piece to the pie. For example, an urban setting is targeted for intensive crisis intervention and long-term prevention services. A funding consortium is established between a number of agencies to provide mental health counseling, drug and alcohol treatment and prevention programs, health services, transportation, day care, and academic tutoring. The funding consortium shares the cost of renting an existing facility, establishing office space, and staffing a 24-hour resource center near the existing full service school.

Another approach to administrative change is to establish a Neighborhood Development Trust, a local funding organization specifically designed to identify, support, and invest in the local community. Such trusts often support the community's overall economic empowerment by including members of the local Chamber of Commerce or economic development committee. The trust acts likes a magnet to attract investment potential into the local economy, distributing money to stimulate community investment, drawing down additional dollars through matching amounts in community development grants, and providing a point of leadership in the community (in the form of a manager selected by local directors). Contributions are solicited from individuals, churches, local businesses, local organizations, local government, foundations, and state and federal funding sources. The trust supports the development of a large range of local initiatives that benefit families. For example, the trust may supply a loan for the cost of redesigning vacant facilities into full service schools or to launch a community radio station, newspaper, or community resource telephone line. Small grants or awards could be made to create new alternatives for community deficits such as transportation, child care, recreational activities, youth employment, etc.

Blended financing *
the melding of federal and state funding to cut across historically separate service domains

Hooks *
a sum of money used in a program design to catch, hold, or pull other funding sources together

Glue money *
sums of money used to join or hold together different parts of programs

Blended financing* also streamlines access through administrative change. Several techniques will ensure your success in this process: a small proportion of funds are used as hooks* or glue money* to tie collaborative efforts together in a sort of blend. Blending entitlement dollars with discretionary funds* makes services more accessible and places fewer restrictions on how funds are used. An example of blended funding is the State of Florida's capital outlay plan for building or renovating facilities at full service school sites to house interagency efforts. The capital funding is dispersed to school boards based on evidence of community collaboration; service agencies agree to "house" programs and services at or near full service schools that build the new facilities.

Discretionary funds *
sums of money left to the organization's own judgment on how to spend; funds not specifically targeted for a special purpose

Many blended funding efforts can be described as maximizing federal funds: using existing state and local expenditures to match federal funds, thus increasing federal financial participation in local service delivery. For example, some school boards choose to become Medicaid providers so that eligible services provided at the school site can actually be billed to Medicaid. Another example is a full service school using federal JOBS program funding to provide school-based child care. The use of blended funds maximizes the use of federal dollars to meet local objectives — all the while streamlining program administration.

Streamline access: utilization of existing resources. When families' needs are linked to existing services and resources, significant barriers to service delivery are minimized **and** local resources can be better organized via simple administrative changes like these:

1 **Establish toll-free telephone hot lines.** Crisis counselors answer questions about the availability, location, and eligibility requirements for specific services. In some communities, the hotline system is computerized; any person with access to a computer and modem can access a centralized directory of services that is continually updated.

2 **Design joint eligibility application forms.** Families requesting services fill out **one** application form for collaborating community agencies.

3 **Co-locate or outstation intake and eligibility staff.** The concept of the full service school is to streamline access to services by locating those services at or near a school site. But the same concept can apply to other "themes," such as juvenile justice assessment centers or employability centers. Centrally locating all or most of the services related to the particular theme allows families easier and more cost-effective access to resources.

4 **Take a care coordination approach.** A person or a team in the role of case manager can assess family needs and work with family dynamics to provide flexible coordination and access to services. In addition, care coordination builds family empowerment by writing a family care coordination plan with — not for — the family. (See Appendix H for Family Needs Assessment and Family Care Coordination Plan.) If you develop an interagency referral system using care coordination, new or additional funding may not be required if an existing job description can be changed to allow one agency's employee to take on the task of interagency referral. This position might come from the school: a counselor, a teacher, or an assistant principal.

H

5 **Delegate intake✱ authority for all agencies to on-site agencies.** When it is not practical or feasible to co-locate or outstation staff, it may be possible to assign intake authority to other agencies whose staff are located at the full service school site. For example, federal and state rules usually allow states or counties to delegate — through contracts and other agreements — virtually everything except making the actual eligibility decision. Therefore, other agencies can handle intake interviews, data collection, computer operations, and service delivery. Delegating Medicaid intake authority is particularly common. Hospitals, nursing homes, and health clinics take patient applications and forward them to Medicaid offices. If you plan to delegate intake authority, include in your action plan a detailed discussion of follow-up requirements for program eligibility, sharing intake authority,

✱ **Intake**

point at which a student or family first enters a program; process includes collecting basic demographic information in order to determine a family's eligibility for services

error rates and fraud, supervision, scheduling, paper-flow procedures, training, and staff attitudes toward assuming increased responsibility.

6 **Utilize the services of competing local resources.** When several local organizations such as mental health providers or managed health care networks compete for business, work with these agencies to improve access for students and families at the full service school location. Health facilities built as part of a full service school can, for example, be accessed by several managed care networks, and health prevention services can thus be successfully offered on the campus.

Streamline access: technological change. Technological breakthroughs open doors to new automated information gathering and decision-making methods. For example, expert systems✱ screening and intake programs automate eligibility decisions. Electronic tracking of family care coordination plans and services and automated access to community services information are just two examples of what collaborating agencies are experimenting with. Consider these tools to streamline access to services at your full service school:

Expert systems ✱
computer systems designed to facilitate the decision-making process through the use of extended database applications

- Advanced computer programming languages put more control in the hands of local planners. Communities can actually design new software that meets their needs and can interface with existing sources of electronic information.
- Relational databases✱ allow agencies to add new information, data elements, to their existing database without having to restructure the existing database. This allows for more flexible definition of individual data elements, easier sorting and matching of information, and better security, in addition to improving access to the information stored in the database. Software advancements allow relational databases to communicate with each other across computer networks.

Database ✱
computer program designed to collect and store large numbers of facts, quantities, or conditions for further research or reasoning

- Computer networks✱ connect information systems within offices; among schools, communities, regions, and states; across the nation and around the world. These networks allow users to enter and access information stored in different locations.

Computer network ✱
a connection of computers that allows the computers to operate separately but communicate with each other

- Imaging technology allows the electronic capture and storage of all kinds of documents (photographs, medical records, birth certificates, immunization records, parental consent forms, etc.). Full service school staff can use networks to input, retrieve, update, and view these images via their computer terminals — without having to reproduce and store hard copies.
- Touch-screen, voice-recognition, and voice-to-text conversion technology is revolutionizing data entry and retrieval. Touch screens and voice recognition software allow community agency staff and the families they serve to listen to and/or read instructions from computer terminals and enter answers to questions directly into the computer system. The use of touch-tone telephone technology will also open the door to more creative and efficient data entry.

- Electronic benefits transfer systems use credit-card-type identification cards and networks to automate eligibility verification and speed service delivery.
- Portable computers and telecommunication links use telephone lines to offer powerful and cost-effective intake and eligibility determination outside of agency offices and in locations convenient to families.

The National Center for Service Integration [73] surveyed more than 80 family service initiatives like full service schools. Many of the initiatives are looking for ways to exchange data among agencies and establish electronic communication networks. Based the survey, telephone interviews, site visits, the convening of an expert panel, and a symposium, the Center proposes eleven functional requirements for a comprehensive service delivery system [46].

Requirements for a comprehensive service delivery information system

Check your information system against this list.

☐ **Common registration:** at any point of entry, establishes an individual or family as a case, and collects and stores identifying and demographic information in a central location

☐ **Comprehensive family assessment**: identifies and comprehensively documents family needs and strengths

☐ **Joint eligibility determination**: establishes multiple services or benefits for which an individual or family is eligible

☐ **Coordinated case planning:** documents a plan for reaching individual or family outcome goals, which encompasses activities and services from all relevant agencies and providers

☐ **Comprehensive information and referral:** provides data about and directions for obtaining services from agencies and organizations

☐ **Cross-program client and service tracking**: documents direct services and referrals for multiple programs, facilitating follow-up to ensure receipt of needed services

☐ **Cross-program client outcomes tracking**: documents results and interim indicators of individual or family progress toward goals

☐ **Comprehensive community needs assessment:** provides community-wide data on needs and available resources

☐ **Multi-program reporting**: generates reports to meet a variety of internal and external administrative requirements

☐ **Multi-source financial management and billing:** supports tracking and billing for services according to multiple funding sources

☐ **Evaluation**: uses data on program evaluation inputs and outcomes to assessing program effectiveness and other evaluative criteria

The National Center for Service Integration also recognizes that there are a variety of challenges associated with developing information systems; no one design crosscuts all communities' issues. Some of these challenges facing such a system's developers include: a) re-engineering the service delivery environment to correspond with the information system (or vice versa); b) creating a common vision around the development of the system; c) linking existing systems; d) creating organizational acceptance; e) developing organizational capacity; f) gaining consensus about who controls data input, use, and extraction; g) balancing confidentiality and information needs; h) mapping data across programs and agencies; i) creating funding plans adequate and flexible enough to meet the vision; j) identifying relevant models and expertise; k) carrying out conversion, training, and implementation in an operational environment; and l) replicating the success of the program at other full service school sites.

The Politics of Financing a Full Service School

Adopting a full service school approach means changing the school's role. Critics argue that expanding the school's role to include social service functions interferes with traditional academic priorities. Proponents argue that collaboration with communities is necessary to meet the needs of students and families so that schools can do what they do best: educate. Financial collaboration often becomes the central argument for these conflicting views, but the need for financing can bring opposing sides together. The full service school model advocates that, "Schools are overwhelmed with negative changes in children's conditions, and not likely to receive the funds to construct needed social services under the school's sole authority" [46].

Local politics

If your community decides to advocate for a full service school program, there are political issues on the local and state level to be aware of. In your own community, be aware of three types of issues that may affect your ability to collaborate on funding: control, cross training, and governance.

Control. Traditionally, each community agency has controlled their own funding, staffing, policies, and the eligibility requirements for the clientele they serve. In a full service school, some control is relinquished by each agency, yet someone must be accountable....that means in control! Schools have elected boards with rule-making capabilities; the board is a legal entity that can vote on such things as millage rates; they have a system and staff in place for managing and auditing their budget. But what many school boards do not have is the knowledge of or experience with funding programs that utilize a variety of funding sources. So, somewhere along the line, your community's stakeholders must decide who will control the program's funds.

Pointers

If your local school board is not ready for fiscal control of a full service school program, explore a partnership within the community, such as a county commission, coalition, or social service agency.

Cross training. Most community agencies are not experienced in the interagency collaborative process; therefore, their staff will need training on how to work together and how to communicate across agencies. For instance, there is the problem of agency jargon: acronyms that make perfect sense in one agency may be meaningless to another, or one acronym may stand for two different things, depending on which agency uses it. Creating a glossary of terms may be necessary to ensure that agencies can communicate with each other.

Governance structures. The formalized governance structures proposed in Chapter 2 are necessary to keep the lines of communication open and keep all participants involved in decision making. Leaving stakeholders out of fiscal decisions will cause irreparable damage to your action plan for financing a full service school. Choose the governance structure that best fits your community or develop your own, but establish one. The structure will lend consistency to your decision making and eliminate "political" inconsistencies.

Pointers

Establish a successful cross-training program by following these steps:

- Set up training sessions on collaboration/communication across agency lines.
- Invite each agency to send a key participant.
- Ask each agency to provide a list of acronyms and their spellings.
- Compile a list of acronyms to be distributed to all participating agencies.

State Politics

States can play a critical role in pouring a foundation for interagency collaboration, the most obvious of which is to provide funding for coordination among community agencies or for building physical facilities to house interagency efforts, while allowing communities the independence to design local programs. States may also set the stage for maintaining funding initiatives.

Federal Politics

The bulk of federal revenues that fund family support initiatives comes from four major programs: Medicaid's Early Periodic Screening, Diagnosis and Training Service (EPSDT); Title IV-F (JOBS Program); Title IV-E (Child Welfare Assistance); and the Family Support Act of 1988. In order to tap these funding sources, your program's planning team must understand the funding requirements and eligibility criteria and must be creative in designing a full service school that meets federal requirements.

Funding Sources

The theme of this chapter has been to utilize existing financial resources first, then expand to supplemental funding sources as specific needs are identified for your full service school. This section categorizes potential funding by local, state, federal, or private sources. The categories from which you select funding sources will depend on your existing resources and the characteristics of your unique full service school program. The number of sources is so great and so changeable that we have not included a complete list in the chapter text; a comprehensive list is located in Appendix I.

Local funding sources

Local funding sources offer the most immediate financial resources for a full service school. Those closest to the issues of their community have a personal stake in supporting interagency efforts. The following section provides some general categories of services that you may wish to explore within your community.

Children's services councils or child welfare boards. Florida allows for the creation of special-purpose districts, boards with taxing authority, to be created by local ordinance, subject to voter approval by referendum. Revenues are raised by dedicated millage on local property taxes. Each board has broad representation from the community and collaborates with state and local, public and private agencies. A county may choose to establish a taxing authority dedicated to children and family issues. Money generated through the taxing authority could be used to directly fund a full service school program in a high risk neighborhood. In addition, generated funds can be used as cash match to bring in additional sources of revenue.

County governments. In states where the county government system exists, county governments have the power to dedicate county tax revenue to fund services or special projects that supplement state- and federal-supported programs. This is a particularly effective source of funds when grant requirements include local matching funds.

City governments. City councils can dedicate specific resources to be used for children and family services.

2 E

Community/civic organizations and associations. Do a complete inventory of organizations located in your community (reference the inventory in Chapter 2 or Appendix E). Include groups such as the Rotary Club, Jaycees, Kiwanis Club, Lions Club, Police Chiefs Association, Fire Fighters Association, college Greek associations, professional societies, and military groups. These organizations sponsor a variety of services and are always looking for new ideas to support.

Look to strong community organizations such as a Chamber of Commerce or the United Way to support your full service school's activities. Don't forget that there are also other active groups like parks, libraries, schools, community colleges, universities, the police, and local hospitals that all have a stake in building strong families. Community organizations help connect you with the skills of individuals who can help families build on their strengths. When you approach organizations, remember that you may want to access individual skills of members instead of asking for direct funding.

Business organizations. Many local businesses have access to corporate foundations. This provides an opportunity for the business to "give back" to the community in which it operates. Businesses may also contribute mentors, equipment, in-kind resources, and/or their products to your effort.

Interagency councils. If interagency networks already exist in your community, you have **exciting** resources for information, funding, and networking. These may include special interest groups, such as an Interagency Council for Preschool Children, or groups that are broader in scope. Many funding sources require a local advisory and oversight committee to monitor your program's spending and its success. Ask school social workers, leaders in the community, administrators of social and human service programs, and school principals about committees or councils that already exist. Interagency groups are probably one of the strongest resources for your program. Make an appointment to meet with the group's chairperson to explain your program goals.

Not-for-profit boards or organizations. Explore the existence of not-for-profit organizations and their boards of directors. These independent groups provide wonderful technical expertise in program development and documentation. A relationship with a board member of one of these organizations may also provide an exciting opportunity to work with some creative funding strategies. For example, you may have an opportunity to apply for a grant to develop a special program at the full service school site. The grant would fund a temporary position to get the program started, but it is difficult to establish short term positions for program development and planning through the fiscal agent for the full service school program, the school board. A not-for-profit organization may write a cooperative agreement with the school board to submit the grant, hire a person, pay the person, and allow the full service school local oversight council to manage the program.

State funding sources

Every state has a variety of programs available under different categories of service. Some general categories you might want to explore are as follows: community development grants, departments of education and social and human services, mental health and substance abuse programs, juvenile justice, children's medical services, developmental and health services, community-based training programs, resource centers, multi-agency networks, and departments of labor and employment. See Appendix I for explanations of each category.

Federal funding sources

Federal sources can provide funding for a multitude of services in your full service school [46]. To tap these sources, you must understand program requirements, be creative in designing your services to meet their requirements, become accustomed to a different kind of school planning, and maintain accurate records and documentation to comply with federal billing and accountability standards.

Explore block grants for mental health and substance abuse and maternal and child health programs; Medicaid; the Social Security Act for emergency assistance, foster care, and child welfare programs; jobs programs; the Public Health Service Act for community and migrant health centers; the Development Disabilities Assistance and Bill of Rights Act; and a variety of federal education acts. See Appendix I for a comprehensive description of each category.

Private funding sources

Your local library probably has a large book entitled *The Foundation Directory*. This book lists every private foundation in the United States. The directory also includes a brief background on each foundation, the funding priorities for each foundation, the geographic preferences for funding, and time frames for proposal submission. Foundations usually prefer to invest their dollars in the community where they have a presence. Locate the major industries in your area for connections. If you are in a rural area, consider major companies in your state. Don't forget to consider insurance companies. You will find additional details on how to write a proposal for funding to foundations and other grant-making resources in Chapter 5.

We want to leave you with a collection of tips that highlights ways in which you can use the financing tools Chapter 4 has offered. Whether your full service school's construction will be financed by local, state, federal, or private funding sources, these tips will give you firsthand guidance about how to pursue the dollars that will make your dream a reality.

1. Document how you have maximized revenue by **reinvesting** into budgets available for services.
2. Keep in mind what your fair share is. Rather than soliciting only legislatures and major funding sources, bring finances down to the community level. An individual community has individual needs. Look for areas to utilize resources where there is no existing collaboration going on.
3. Set aside a small sum for grant "match" money that will help you access additional dollars.
4. When you submit a budget proposal, make sure the budget illustrates how your program **crosses** agency lines, thus demonstrating how the funder's investment will produce more for less.
5. Consider establishing a not-for-profit entity independent of personalities and organizations. Not-for-profit organizations maintain a tax-exempt status, which allows the entity to apply for funding from foundations, corporations, and private individuals — funding sources that often allow greater flexibility in program implementation than is typically allowed by governmental sources.

6. Ask local organizations and foundations for funds, and point out the advantages their donations will provide for the community and for the organization: hospitals, for example, can receive tax credits for donations.
7. Remember, the emphasis is not on how much you spend, but on how you have improved the lives of families. Make sure your evaluation plan reflects this issue.
8. If funding problems fuel the fire and personalities get "hot," back off, regroup, and reeducate. Don't force issues!
9. Spread the cost of facilities among agencies that can pay rent. Do not leave one agency holding the entire bag.
10. Look for ways to provide onetime funding versus ongoing program support. Programs that can be "institutionalized" after using start-up funds are very appealing to funding sources, and they will provide a more stable, long-term program for families. Remember every year is a crisis year in budget management.
11. Emphasize local decision-making and current success in funding discussions within and outside your group of collaborators.
12. Don't look for additional funding sources until you learn what is already available.
13. Be open about your needs, but back up every statement you make with statistics and data sources.
14. Don't ignore infrastructure needs. A program manager position is critical, and you may need secretarial or data entry help. Consider the advantages of electronic information systems and computer technology from the very beginning.
15. Think of funding a full service school program as putting together a puzzle. If a piece of your puzzle is missing, you may need to look elsewhere for information.
16. Hold a local, regional, or state conference where representatives of major funding streams set aside specific time to share information, work through "real" case scenarios, and develop action plans. Planning the event will bring interested stakeholders together for creative discussions.
17. Have a community agency develop a resource notebook detailing funding sources for major problem areas. For example, an agency experienced with day care could provide information on all possible ways to fund day care with existing funds.
18. Constantly look for ways to match grant funding. Use local dollars to pull down other local, state, or federal funds whenever possible.

Pointers

In the 9/12/95 Federal Register, the Office of Elementary and Secondary Education, Education Department, invited applications for school districts to use a portion of their federal funds for coordinated services projects – projects that link agencies with schools to improve health and social services access. Up to 5% per fiscal year of discretionary Elementary & Secondary Education Act funds may be waived for coordinated services.

Appendix I contains a list of funds eligible for these projects.

19 Advocate for state-level interagency groups that model collaborative funding behaviors. The state level group should focus on process, not events. The group can look for ways of easing the process of collaboration in support of families.

20 Plant little seeds. Talk about possibilities for collaboration with stakeholders, and then "fertilize" the idea over time. Sometimes ideas need time to grow; sometimes you have to give your idea away in order to help it grow.

21 Funding streams shift like sand on a beach, so think in terms of change. Remember, trust between people will last longer than any funding source. People are your major resource.

22 Remember that families learn best in the context of their own lives. When you set priorities for funding, look for unusual ways of providing family interventions that are adaptable. For example, you may want to provide an opportunity for a teenage parent to work in a child care center.

23 When you develop program plans, be flexible, creative, brave, and passionately committed!

24 Be aware of what percentage of funding is dedicated to prevention and early intervention. For example, if you are pursuing juvenile justice intervention dollars and only 17% of the dollars are dedicated to prevention, your program plan may need to reflect a strong intervention model with prevention built in.

25 Don't get caught up in the "fix-it" scenario just because there is a funding source available. You may damage instead of help. Only provide services that are long-term, appropriate, and adequate for families at the point where the service is needed.

Chapter 5

Frame the funding request

> *A full service school not only produces well-rounded students by offering the best of academic, mental, and health education, but also enhances the lives of their parents by including adult education, parenting classes, and parent resource centers. Funding for these programs makes the families of Santa Rosa County, our state, and our nation the best they can be!*
>
> **Peggy Godwin**
> **Intergenerational Specialist**
> **Adult Learning Center**

When the stakeholder crew gets down to the serious business of funding your full service school's "construction," a grant will probably be one of the funding options they explore. The funding source that may potentially "buy" your full service school house will want you to frame your funding request in a particular way. This description of your plan and specific documentation create a picture of the proposed project, so that potential funders can determine if the expenditure of their funds is a good investment — one that has a reasonable chance to succeed.

Grants are awarded by different sources — government agencies, private foundations, civic organizations, for example. Grants are awarded for a variety of purposes — research, construction, planning, implementation, equipment, training, and so on. And grants are awarded in different contractual forms, like cost-reimbursable or fixed price. Think of the grant request, or proposal, as an opportunity to describe your program's framework to a potential "buyer." One section describes your goals and objectives, another section describes how you plan to meet those objectives, and yet another section describes what yardsticks you will use to measure your success. If you want to "nail" a source of funds, you will have to build your proposal to the funding source's specifications.

The contents of this chapter will prepare you to frame your proposal and to prove your program's worth with tools that will enable you to

- decide what grant funding will accomplish, based on your needs assessments,
- identify a proposal-writing team,
- develop a list of potential funding sources,
- write the proposal to source specifications, and
- handle the results, whether or not your proposal is funded.

Decide What Grant Funding Will Accomplish

Before you frame your request for grant✱ funds, decide what you will accomplish if the funds are awarded to your full service school. Here are some questions that will help you pinpoint those goals:

- Does the grant cycle✱ allow sufficient time for you to adequately design your program and write the grant proposal✱?
- Have you clearly identified a significant problem that cannot be resolved by existing programs or funds? Have you clearly identified a response to that problem that gets at its root causes, not just its symptoms?
- How important is the problem you seek to correct or the program you seek to fund? Do all of the community agencies involved in the project agree to a collaborative grant proposal? Is there a written interagency agreement that specifies the roles, responsibilities, and support of collaborating agencies, as well as the program's purpose, its staffing, its timetable, the control of its funds?
- Does your proposal take a creative approach to solving the problem? Can you document previous, similar, successful efforts?
- Will a significant number of people benefit from your proposed project? Are populations in other communities likely to benefit from replicating your proposed project? In other words, will your proposed project produce a significant impact or have a multiplier effect?
- Is your proposal cost–effective? Can you show that the anticipated benefits will outweigh the costs? Is there a significant "bang" for the buck?

Grant ✱
transfer or award of funds, power, or goods by deed or in writing

Grant cycle ✱
time frame that includes receiving the request for proposal, writing the proposal, review of the proposal by the funding source, and notification of award or denial

Grant proposal ✱
a written plan of action that forms the basis for a contract between the grantee and the funding source

Realize that grant funding is temporary or short–term in nature and is intended for very targeted missions. Be careful not to get hooked on the "soft" money: do not start a program that you may have to abandon in a year or two when those grant funds are no longer available. A critical part of any grant–writing effort is planning for your program's institutionalization — the continuation of program services after the initial grant funding is gone.

Pointers

Identify writing team members:

- Recruit university/community college faculty, staff, and students for their research skills (finding funding, establishing measurable objectives, writing proposals); for free manpower via student internships, field studies, volunteers; for up-to-date technological and political/legal information.
- Recruit members of community fund-raising organizations and public radio or TV stations for their expertise in finding philanthropists and business donors, and for their public relations skills.

Identify a Proposal-Writing Team

Select a proposal-writing team whose members have the knowledge, experience, and skills to match your program objectives. One member may be an expert in the social service or education field that your proposed program will impact. Another member may be experienced in designing realistic budgets for such programs. Ideally, at least one member of the team will have proposal–writing experience; if not, you may need to seek out an experienced person in the community to volunteer as a guide.

Focus on Stakeholders

When Carol Calfee, Project Manager for Santa Rosa County's Full Service Schools, wants to develop a new grant proposal, her first call is to Frank Wittwer, Director of the Educational Research and Development Center at the University of West Florida. Why? Because the university has a wealth of resources that can facilitate proposal writing and because the university is charged with providing community service — becoming a stakeholder in the full service school program, in other words. Faculty, staff, and students have research skills that are invaluable for conducting needs assessments, defining measurable objectives for evaluation plans, searching for potential funding sources, and drafting budget sheets. Students' services are often available free via internships, field studies, or volunteer programs. Universities and community colleges are also likely to have up-to-date technological, political, and legal data that can make for a better proposal.

The second call Carol makes is to Patrick Crawford, manager of the university's public radio station, WUWF, for his knowledge of community affairs, his staff's expertise in public relations, and his station's ability to announce new programs or community meetings that address full service school issues. Next, Carol calls on Carmen Paige, a business reporter for the *Santa Rosa Press Gazette*, for her familiarity with local business benefactors and other community resources. Mary Perry, director of the local branch of the Retired Senior Volunteer Program, gets the next call for her ability to mobilize and train volunteers who can help initially with proposal development and writing, and ultimately with implementing certain aspects of a particular program.

Don't overlook valuable resources like these: they may be invaluable stakeholders in your full service school.

Arrange for the team to review professional journals and periodicals for samples of successful programs funded by the federal government, state agencies, philanthropic foundations, and individuals. Ask community agency representatives who have written successful grant proposals to meet with your team to discuss the do's and don'ts of proposal writing.

Support the writing team's efforts in other ways: help set realistic deadlines for the completion of each section of the proposal; coordinate meeting times and places; arrange for creature comforts like coffee or snacks, as well as supplies like paper, pens, flip charts, markers.

Establish a write-edit-revise procedure that ensures the review of each written section from two perspectives: content and coherence. You may have a health care professional examine the program plan for immunizing all community preschoolers or a budget analyst evaluate the financial plan for content. You may have a technical writer or an English teacher read each section for coherence. The resulting edits or suggestions would then be reviewed by your writing team and appropriate revisions made.

Develop a List of Potential Funding Sources

Remember that your program's objectives must fit those of the funding source. Do not waste time redesigning your program to fit a funding source's specifications. Do get a clear picture of what your community needs, and select funding sources that are responsive to those needs. The needs assessments described in Chapter 3 will help you not only establish the needs of your community, but also clearly define your objectives and proposed solutions. See Chapter 4 for types of funding sources and Appendix I for lists of sources; these resources will help you narrow the field of potential funding sources like these:

- Government agencies: federal, state, and local
- Foundations
- Institutions such as universities, school districts, hospitals, and banks
- Unions and professional organizations
- Corporations that are located in your community
- Private parties interested in your efforts

Review professional journals and periodicals for descriptions of successful programs and their funding sources. Ask for proposal guidelines✳ and/or copies of winning proposals from the sources you identify, or search the Educational Resources Information Center (ERIC) files through your local or university library.

3 4

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Pointers

How to locate grants...

- Publications
- Periodicals
- Reference texts
- Newspapers
- Direct inquiry to sources
- The Federal Register
- Professional organization mailings
- Foundations directories
- Universities
- Annual Register of Grant Support
- Directory of Grants
- Grant alert periodicals
- Electronic bulletin boards
- Direct funding to school districts

and successful proposals...

- Educational Resources Information Center (ERIC)

Write the Proposal to Source Specifications

The key to writing a proposal is preparation: read and reread the funding source's request for proposal (RFP)✳ or guidelines, establish a realistic timeline for completion of writing tasks, and develop a plan for a needed, meaningful program.

Realize that most funding sources have their own unique funding missions and terms for funding — and you must tailor your program plan and your written proposal to match those missions and terms. Here are some examples:

- **Solicited**: A funding source announces its intent to offer a grant for a purpose it has chosen, and issues an RFP.
- **Unsolicited:** You initiate a request by proposing that a particular funding source support a program you have chosen.
- **Large and solicited:** A funding source issues a call for proposals or an RFP aimed at accomplishing a specific and large-scale or long-term objective.
- **Small, usually solicited:** A funding source offers seed money for programs aimed at solving immediate problems or developing new methods.
- **Structured:** Very specific guidelines are issued by the funding source, targeting programs that address a specific problem.

Guidelines ✳
the instructions or forms that define a funding source's requirements for grant proposals, including format, content, and length

RFP ✳
Request For Proposal; contains the funding source's guidelines for format, content, length, and purpose of a solicited grant proposal

- **Unstructured:** Very broad guidelines are issued by the funding source, and funding depends on your ability to propose a unique solution to problems.
- **Renewable:** Once awarded, grant funding may be extended beyond the initial time frame, based on performance for subsequent time periods.
- **Nonrenewable:** Funds will not be extended beyond the initial time frame.
- **Cost-reimbursable:** Under the terms of this kind of funding, you are allowed to expend funds identified in your proposal. Any changes in this budget must be approved in writing by the funding source. When a purchase is completed, you submit a cost reporting form to the source, and your agency is reimbursed. You are limited to the approved budget amount.
- **Fixed price:** Under the terms of a fixed price contract, you are awarded the funds and can vary your expenditures without prior approval as long as the funds are directed to the completion of the project.

Familiarize yourself with the typical components of a funding proposal — the topics that follow in this section — and understand that the first proposal is the hardest. After your first proposal is completed, you will have gained experience that will make the next proposal much easier to prepare.

Parts of the grant proposal

Most RFPs and funding source guidelines describe a proposal format that must be **strictly** adhered to, giving detailed directions about what must be included in each section. Be certain that you provide every piece of information requested. The typical proposal requires the following sections:

- cover letter;
- abstract;
- narrative, including mission statement, statement of the problem, goals and objectives, implementation plan, timeline, personnel qualifications, resources, impact, evaluation, and budget and budget notes; and
- required or supplemental appendices.

Cover Letter. Although preparing the cover letter is often left for last in the proposal writing process, this letter gives the funding source's reviewers their first — and perhaps lasting — impression of your proposal. It is important, therefore, that this section be clearly written, jargon free, and purposeful. Most funding sources require these items in a cover letter, printed on letterhead if possible:

- Name and address of person submitting proposal
- Date submitted
- Name and address of individual and organization to which proposal is being submitted
- Subject of proposal and title of proposed program

- Short description of the target population
- Name of institution endorsing or organization submitting the proposal
- Summary of the problems, needs, objectives, and proposed solutions your program presents
- Name of person to contact for answers to questions about the proposal, and a statement of your willingness to provide further information
- Signature and title of individual submitting proposal

Abstract. The abstract appears at the beginning of the document and summarizes your proposal's significant points in a concise, one–page–or–less format. Perhaps the most significant page of the entire document, the abstract expands the cover letter's first impression for the proposal's reviewers. The cover letter provides basic information; the abstract provides your program's most important details. Adhere strictly to the funding source's prescribed format for the abstract. Most require brief statements of need, goals and objectives, measurement methods, implementation plans, and definition of key terms. Clarity and brevity are paramount.

Narrative. Each part of the proposal narrative can be likened to a puzzle piece: the pieces, once fit together, illustrate the whole of your full service school program. The needs statement explains **why** you are "building" your full service school. The goals and objectives state **what** you seek to accomplish. The implementation plan is your step-by-step approach to **how** you will accomplish your goals. The timeline keeps you on task. The qualifications of personnel and description of resources convinces the reviewer that you have the right personnel and the right resources to do the job. The evaluation describes how you will know whether you succeeded. The budget section is the price tag. All of the pieces of the puzzle have to fit together to make a complete picture.

The narrative is the lengthiest part of the proposal and generally contains the following parts:

- Vision and/or mission statement
- Statement of the problem or need
- Program goals and objectives
- Implementation plan
- Timeline
- Qualifications of key personnel
- Resources
- Impact
- Evaluation
- Budget, budget explanation, and plans for future funding

Vision/Mission Statement. Some grant proposals require both a vision statement and a mission statement. The former describes how your community's families would benefit, given adequate funding for the proposed program and the ideal circumstances in which to operate. The latter describes how the proposed program supports the community's instructional, social, health, and financial needs. Remember to clearly match your program to the funding source's priorities.

Vision Statement

The Families First Full Service Schools Program is the philosophical basis for services to children and families in Santa Rosa County, Florida. This philosophy is based on the premise that the family is the constant in the child's life, while service systems fluctuate. In order to promote child well-being, it is the role of all individuals in the community, including the school system, in true collaboration with other public and nonprofit organizations, to provide assistance to families to enable them to be successful parents. It is not the Families First's role to replace families and carry out the responsibilities of parents. It is our role to plan with families, not for them.

We believe that the status of children and families today in Santa Rosa County, as described in the March 1995 Kids Count Report, reflects a crisis situation both here and nationally. A greater crisis will develop in the future unless we meet and address the current situation. We seek to develop partnerships at the state and local levels with the business community, the religious community, the private, nonprofit and voluntary sectors, civic and local governmental entities, and community schools to address the needs of children and families in Santa Rosa County.

Mission Statement

It is the mission of the Santa Rosa County Full Service School Local Oversight Council to develop a program that adheres to these principles: Services should be

- community-based and community-delivered.
- family-centered.
- available and accessible.
- culturally competent.
- focused on primary prevention and early intervention.
- comprehensive, flexible, coordinated, integrated, and collaboratively delivered.
- of high quality and developmentally appropriate.
- cost-effective.

Figure 5-1. *Sample vision and mission statements*

Statement of the Problem or Need — also called "Need Statement" or "Needs Assessment." Needs are gaps between what is and what should be. This is a chance to demonstrate what community needs your stakeholders have identified and how, and what will be done to fulfill those needs. To give the statement credibility, describe the process or techniques used for identifying needs (Chapter 3): surveys, interviews, statistical data, and statements from experts, for example. The needs statement should document why your program should be funded.

Including a review of pertinent literature can demonstrate that you have developed your proposed program not only by assessing your own community's problems and needs, but also by analyzing the efforts of others. This will establish the timeliness of the needs your program addresses and show how your program's results can be generalized to other populations. If you have evidence of media coverage of the program, organization, or issue related to the program design, mention the coverage here and provide copies of written materials in an appendix.

Define key terms as they appear in the narrative. For instance, if the terms "full service school" or "integrated services" are used, define them with examples from your proposed program.

A statement of need should establish your program's significance, relevance, timeliness, generalization to other populations, and contribution to the community.

Goals. Flowing directly from the statement of need are the program goals and objectives, with a method of measuring progress towards the goal. For example, if your statement of need includes statistics on the use of illicit drugs and alcohol among students in middle schools, a program goal would be written to directly address that need.

Goal ✱
general statement of overall intent with a long-term perspective, sometimes referred to as an outcome measure

A goal✱ is an overall statement of your program's purpose. The goal should relate directly the purpose and priorities of the granting agency and flow directly from the needs statement of your proposal. It is a statement of overall intent and outcome. A strong and clear goal statement indicates what you intend to accomplish — the final outcome. A goal should

- flow from needs,
- relate to grant program purpose,
- use the same vocabulary as the granting agency,
- include outcomes when goals are met, and
- define the target population.

Objectives ✱
statements that identify specific, concrete, and measurable ways in which goals will be fulfilled

Objectives. Just providing a service is not enough. Objectives✱ help you specify the result of what you are trying to accomplish. Objectives not only must be achievable, but must also lead to a changed condition. Ultimately, your list of objectives will serve as the design for the program's evaluation by documenting whether each objective was achieved or not. Objectives are statements that identify specific, concrete, and measurable ways in which goals will be fulfilled. See Appendix J for examples of Goals, Objectives, and Measurements used in Full Service School Initiatives; Outcome Indicators and Suggested Measurements; and Data Collection Guidelines.

Each goal may have several objectives, directly derived from the goal they will help realize. Each objective must be time-bound. Objectives statements do not include methods. Each objective should:

- flow logically from needs,
- state what will be done,
- state by whom it will be done,
- state to whom it will be done,
- state when it will be done,
- state the results of its accomplishment, and
- lead to quantitative and/or qualitative measures.

Need Increased use of drugs and alcohol (as indicated by number of arrest records, agency logs of referrals, student attitude survey, pre-test of student knowledge of drugs and drug use)

↓

Goal Drug, alcohol, and tobacco use reduction among targeted middle school students

↓

Objectives Decrease the rates of drug, alcohol, and tobacco usage among 120 6th graders during the 1999 school year, measured by

a) a decrease in arrest records for targeted students for at least six months following the program activity timeline to the target benchmark rate set by the State of Florida Department of Juvenile Justice;

b) a reduction of at least 25% in agency logs of referrals currently serving students referred for drug, alcohol and/or tobacco use; and

c) an increase in test scores for at least 80% of students participating in the program reflecting student knowledge related to drug and alcohol use. Scores will be tabulated using a normed pre- and post-test survey method.

Figure 5-2. *Need-goal-objective example*

Objectives can be used to show four different categories of change: process, product, behavioral, and performance. Describe your objectives in terms of the appropriate category (Figure 5-3).

Categories of Objectives

Description	Discussion
Process objectives are designed to show an increase or decrease in the number of activities, events, or participants in your program.	For example, you may design a process objective to measure an anticipated increase in the number of parents involved in a budget management class because you believe that the additional education will contribute to the families' economic well-being. A process objective could document the benefits of your proposed program, the procedures for collecting the information, or the need for resources, or the process's significance to the program's evaluation. Other examples of process objectives include number of referrals; number of employment, training, and counseling sessions serving particular clients; or number of students placed in part-time job development.
Product objectives indicate that your program will produce a concrete product, such as a training manual or videotape.	Identify the product and who will have access to the product, and how the product will be evaluated and disseminated. For example, teen parents in a full service school may produce a videotape designed to heighten awareness of the problems that they face. The product (the videotape) may be evaluated by a group of high school students. The videotape may be reproduced and disseminated through a local nonprofit agency interested in decreasing the number of births among teens.
Behavioral objectives relate to one of the three behavioral domains: cognitive (knowledge), affective (emotional), or psychomotor (physical).	A behavioral objective should define the expected behavior, who will perform the behavior, under what circumstances with what techniques the behavior will be observed, and how the behavior will be measured. For example, "Increase test scores for at least 80% of students participating in program activities reflecting student knowledge related to drug and alcohol use. Scores will be tabulated using a normed pre- and post-test survey method."
Performance objectives expand on behavioral objectives by adding details or specifications, estimating the time necessary to elicit a specified behavior, and indicating the performer's expected proficiency level.	Performance objectives are more specific than behavioral objectives, and therefore, more desirable. For example, "Decrease arrest records for targeted students for at least six months following the program activity timeline to the target benchmark rate set by the State of Florida Department of Juvenile Justice."

Figure 5-3. *Categories of objectives*

See Appendix J for examples of a teacher evaluation checklist, statistical analysis, and executive summary used to assess program objectives before and after program activities. Be sure that all your proposal's stated objectives are attainable, not trivial; specify completion dates; define expected results in concrete terms; and can be measured.

Ultimately, your list of objectives will serve as the design for the program's evaluation by documenting whether each objective was achieved or not achieved.

Tasks. To carry out an objective, you must define one or more tasks, specifying activities that must be accomplished to complete the objective. Together, these tasks define all the steps that must occur to satisfy the objective. A task should

- show what is to be accomplished,
- provide a time frame,
- designate the responsibility for accomplishment,
- designate the resources that must be utilized, and
- designate the steps necessary to accomplish the task (unless the task is so simple and straightforward that individual steps are unnecessary).

Figure 5-4 presents an objective and illustrates one way in which task statements can be presented: a project task chart.

OBJECTIVE: Decrease the rates of drug, alcohol, and tobacco usage among 120 6th grade students during the 1999-2000 school year, as measured by an increase in test scores for at least 80% of students participating in program activities reflecting student knowledge related to drug and alcohol use. Scores will be tabulated using a normed pre- and post-test survey method.

Task	Steps	Staff	Success Criteria	Timeline
1 Collect baseline data	1.1 Administer pre-test to targeted students	CC, BH, ED	Report on summative info.	9/1/99-10/1/99
2 Research student curriculum	2.1 Literature review	ALL	6-8 page report	9/1/99-10/1/99
	2.2 Interview students	LC	Summary report	9/1/99-10/1/99
	2.3 Curriculum search	CC, BH	3-5 samples	9/1/99-10/1/99
3 Design curriculum for students and parents	3.1 Develop and/or modify lessons	ALL	6 lessons, 2 hours each-student plan	10/1/99-11/1/99
	3.2 Prepare handouts		2-hour presentation parent	
4 Implement curriculum	4.1 Make necessary schedule changes	ALL	All students scheduled for participation	11/1/99-12/1/99
	4.2 Lesson plans for students	ALL	All students receive training	1/1/00-3/1/00
	4.3 Evening education session for parents	CC, EH	Parent attendance log	2/1/00
5 Post-testing	5.1 Post-test all participants	ALL	Comparison scores for all students and parents	4/1/00

Figure 5-4. *Project task chart*

For me, the most important aspect of full service schools is their ability to serve the multiple needs of students and their families. The hardest part is bringing everyone together to work toward the same goal.

Lori Lanier
Community Facilitator
Family Support and Preservation Program

Pointers

Here are some tips for documenting personnel resources:

- When a proposal requires submitting a vita, have every one written in the same format; restrict each to 2 pages; use a desktop publishing program to polish their look.
- Specify the full time equivalent (FTE) for each staff person, indicate the duties to be performed, and discuss each person's job-specific qualifications.
- In larger RFPs, an affirmative action/equal opportunity statement is often required; such a statement usually belongs in the personnel component of the proposal.
- Some RFPs ask for a chart of organizational capability that illustrates local resources available to the your program: community organizations, libraries, research facilities, universities, media, office space, computer facilities, etc. Focus on resources that directly relate to your program and on a few specific examples of why your program suits the funding source's purposes.

Implementation Plan. The implementation plan is a detailed, systematic explanation of how your goals and objectives will be put into practice. It begins with a statement that details your overall approach, including

- a brief description of the program's target population (who the program will serve);
- the selection criteria for the target population;
- an explanation of your program's intent (e.g., training, service integration and co-location); and
- a plan or strategy for ensuring that your program will continue after the initial funding period expires.

Following the approach statement, list the series of tasks necessary to implement your plan. To make the plan easy for the proposal's reviewers to interpret, support your key points with visuals such as charts and tables to summarize how the task relates to each goal and each objective (such as Figure 5-4). Include a timeline for implementation of tasks.

Qualifications Of Personnel. Funding sources, particularly those at the federal level, consider personnel qualifications paramount to a program's success. One way to effectively document the qualifications of your program manager and other key personnel is to prepare a short paragraph about each position, including the staff member's name (if you have already selected the person who will fill the position), title, responsibilities, and qualifications. Present vitae or resumés of key personnel in an appendix. Clarify how your program's staff will interact with an organizational chart in either the narrative or an appendix; diagram who is needed to conduct the program, who is responsible for what, and who reports to whom. A project staff task chart (Figure 5-5) will support the way in which tasks are distributed among key personnel.

	Staff member, FTE, and time in days				
Activity #3 Task #	**CC .50 FTE**	**BH .30 FTE**	**EH .50 FTE**	**LC .25 FTE**	**Total days/task**
1.1	2	2	2		6
2.1	5	5	5	5	25
2.2				15	15
2.3	5	5			10
3.1	10	10	10	10	40
3.2	2	2	2	2	8
4.1	1	1	1	1	4
4.2	6	6	6	6	24
4.3	9		9		18
5.1	2	2	2	2	8
Total days/staff	42	33	37	41	153

Figure 5-5. *Project staff task chart*

Resources. The resources section of a proposal includes a list of facilities, equipment, supplies, and in-kind* donations that are readily available to your proposed program. The goal of this section is to convince the funding source that you have adequate resources and facilities to accomplish the program's objectives. If your program will use facilities or equipment that belong to a community agency other than your own, be sure to include a letter of commitment or authorization from that agency in an appendix.

*** In-kind resources**
products or services, offered either within or in association with an organization, that have cash value; used to demonstrate stability and self-sufficiency via community support

Impact. Sometimes a separate section called "Impact" is added to the resources section of a proposal. This section discusses you program's potential impact on the world, the nation, a state, a school district, a special population, etc. If the project is funded and carried out successfully, what will be the short-term and long-term residual impact of the program?

Proposals that use product objectives (such as the dissemination of materials as part of the program tasks in Figure 5-4) should include details about impact for the specific groups of people who will receive products. Remember the new opportunities with technology for dissemination of program materials and outcomes. For example, details of the program could be placed on a Gopher server and/or a World Wide Web server for global distribution. Details of how this would be done with specific task analysis for a responsible person will demonstrate that the personnel requesting funds have the knowledge of this technology and how to use it.

Budget and budget notes. A proposal's budget must be realistic, reasonable, well–researched, and within the guidelines of the RFP — and it must be tied directly to the needs, objectives, and activities described in the preceding narrative. Misunderstandings on budget items can be a fatal flaw in getting funds. Present your budget by category, such as salaries, expenses, and equipment. Explain budget items, in short paragraph form, to clarify or justify dollar amounts, to show how your program's design promotes fiscal continuity, and to emphasize cost–effective features. If your proposal contains a substantial amount of in-kind contributions and resources, reference the dollar amounts in the budget. It is a common practice to add a column to a budget spreadsheet reflecting local commitment dollars.

Use a budget note — a short paragraph of explanation — for **every** line in the budget. Budget notes should be as detailed as possible. For example, "Dr. H's salary is based on 48 weeks (24 days) of work per year; .50 FTE of current salary is $15,890 including salary, workmen's compensation, social security tax, and retirement benefits." Or, "Staff will need to travel to conduct interviews at local community centers. Centers are located within 35 miles of the full service school site. Travel will be reimbursed at the current state rate of $.XX per mile times an estimated 200 miles of travel over the period of grant activities."

Pointers

Review these questions to evaluate program impact:
- Who will be served?
- Is the population with the greatest need targeted?
- How will families be served?
- What outcomes are identified?
- What is the program's long-term goal?
- How will the services offered make a difference?
- To what extent is the program likely to be implemented as planned?
- How is the program likely to be accepted in the community?
- How well will the program be integrated with existing community resources?
- Can funding be redirected toward prevention and early intervention?
- What are the barriers to and opportunities for complete program implementation?

Grant reviewers often read the proposal abstract first, then turn to the budget page before reading the entire proposal. Make sure your budget requests are tied directly to your program needs, implementation plan, and evaluation plan as defined in the abstract.

Evaluation. It is not enough to "feel good" about a full service school program. Competition for funding dictates a well–defined, focused, and powerful plan for evaluating your program's outcomes. Your evaluation plan describes the process by which you will gather, analyze, and interpret data to assess the program's overall effectiveness. The information gleaned from an evaluation not only serves to enhance the program's credibility by assessing its effectiveness, but also provides insight for future improvement or expansion. See Appendix J for a conceptual model that could be used as a plan to evaluate program outcomes of a family support program.

Formative ✻ evaluation measures progress of objective achievement while the project is ongoing; therefore, it is both an assessment of progress toward completion and effectiveness of the process

A well written evaluation plan contains both formative and summative evaluations. A formative evaluation✻ measures the progress of the objective achievement while the project is ongoing; therefore, it is both an assessment of the progress toward completion and the effectiveness of the process. A formative evaluation sets the stage for any changes that need to take place at least midway through the program, and has checkpoints along the way to gauge progress. If your proposal has as an objective to reduce the number of interagency referrals for alcohol, drug, and/or tobacco use, the formative evaluation would include the collection of data about halfway through the grant period to assess progress toward this objective.

Summative ✻ evaluation builds on the information of the ongoing formative evaluation to produce a final analysis of program progress

Summative evaluation✻ builds on the information of the ongoing formative evaluation to produce a final analysis of program progress. It makes use of data gathered both during the program and after the program has been completed. It can also include information on the effectiveness of the process.

As more information about full service school programs is published, consensus is building about what the evaluation plan for these organizationally complex programs should look like. The characteristics shown in the following checklist, incorporated into your evaluation plan, will successfully adapt the conventional wisdom to meet your full service school's objectives.

Characteristics of an effective evaluation plan

Assess your evaluation plan with this checklist.

☐ Is outcome–oriented. The questions your evaluation plan answers must key in on the program's outcomes for families, for individuals, for collaborating agencies, and for the community.

☐ Is collaborative, involving individuals and community agencies at all levels of data collection, analysis, and interpretation. The evaluation plan should be relatively non–intrusive to service providers and families by utilizing existing data collection methods and initiating little or no additional paperwork.

☐ Requires data collection at multiple levels of program participation, including families, components, site information, and aggregated data from state, district, and county levels.

☐ Considers and appropriately includes developmental, evolutionary, or longitudinal tracking (over more than a one-year period) of anticipated outcomes in order to assess program effectiveness over time.

☐ Provides for the distribution of useful, timely, and relevant information to stakeholders at all levels, including program managers.

☐ Establishes measures of multiple aspects of the program, including inputs, processes, and outcomes.

☐ Specifies measurement of the extent to which the program overcomes major barriers to service integration, delivery, and collaboration.

☐ Documents how the program is implemented, whether the needs assessment adequately identified available resources, and how administrative or funding problems were overcome.

☐ Requires assessing change by using baseline data with multiple and repeated standardized measures over reasonable intervals.

☐ Is flexible enough to accommodate change in community resources and personnel.

☐ Focuses on setting standards for multi-service collaborative programs, while valuing the uniqueness of each individual program's contributions.

☐ Contracts for professional, impartial evaluation when the project is large. The cost of an outside evaluation may average 5-10% of the entire budget, unless otherwise specified in the RFP or guidelines.

☐ Uses figures and tables to display evaluation data as it relates to the program's mission, goals, and objectives. Redundant information is sometimes helpful to proposal reviewers.

☐ Includes what information will be provided and when the information will be available.

The better designed your evaluation plan, the more likely you will be able to successfully document success — the key to obtaining funds for other projects or from other sources as your full service school program changes and expands.

Pointers

To write successful grant proposals, follow these tips:

- Read and reread the RFP or guidelines! Many proposals are eliminated from consideration because they do not meet the funding source's goals or formatting requirements.
- Insist that someone other than the proposal's writers edit the proposal for both typos and clarity. Although grants are awarded on the basis of merit, the merits of your proposal may be hidden by errors in grammar, punctuation, or spelling — or by language that is perfectly clear to you but perfectly unclear to someone who is not on intimate terms with your proposed program.
- Beware of jargon, acronyms, or labels peculiar to your community, agencies, or program. Assume that you should explain or define each term when it first appears in the proposal.
- Establish a writing timetable to ensure that you meet the deadline for proposal submission. Allocate adequate numbers of people and resources to the writing process. Assign specific tasks to specific people with specific deadlines, and put the assignments in writing. Be sure to allow ample time for editing.
- Keep the proposal's language clear, direct, and succinct. If more than one writer authors sections of the proposal, edit the final manuscript to ensure consistency of style and a natural flow.
- Use word processing software to compose, edit, and revise. Keep each section in a separate computer file for easy editing.

cont'd.

Appendixes. An appendix contains information that is essential or supportive to the funding source, but is not required to be part of the narrative. Because funding sources often limit the number of pages in a narrative, you can include tables and charts in an appendix if necessary; however, each visual must be referenced in the narrative. The following list contains items that may appear in an appendix to a grant proposal:

- summary tables of needs assessments, statistics, etc.
- figures, charts, visuals
- the IRS tax-exempt determination letter of the nonprofit agency that serves as the project's fiscal agent
- the fiscal agent's most recent audited financial statement
- the fiscal agent's total annual budget
- vitae or resumés of key personnel or short narratives of staff's qualifications
- letters of endorsement/commitment with specific details of program support
- samples of measurement instruments used in the evaluation plan
- evidence of media coverage of the program, organization, or issue related to program design
- a capability statement that describes the resources and credibility of the organization submitting the proposal, including accreditation or achievement of other standards, endorsements, commendations from officials or community groups, and media reports
- an organizational history that includes when your organization was founded; the source of its fund; its guiding philosophy, mission, or goals; and significant programs or other funded grant achievements

The completed proposal

After the proposal is written, reread the entire RFP to make sure that you have included all required documentation. Check for forms and signatures, proper sequence of information, and spelling and grammatical errors. Have someone else review the completed proposal before making the required number of copies. Verify that all copies are complete.

Mail the proposal early enough to be received at the funding source by the deadline date. When you mail the proposal, ask for a return receipt; by doing so, you will have a record of when the funding source received it. Late proposals are automatically rejected — with no exceptions.

The review process usually takes six to eight weeks. Many funding sources will notify you periodically of your proposal's status during the review process.

- Print with a laser or an inkjet printer; a dot matrix printer generally will not provide high-quality, easily readable output.
- Use an easily readable typeface and size, preferably serif and 10 to 12 points. Resist the temptation to reduce the type size in order to squeeze more information onto the page. Doing so may make reading your document difficult, and the proposal's reader may react accordingly.
- Organize headings and subheadings so that sections are easy to find and refer to. Most RFPs or guidelines are subdivided in ways similar or identical to the requirements for the proposal.
- Use bullets, numbers, or letters to organize and highlight related items or lists.
- Use boldface or italic type to highlight key words or concepts, or to set off headings and subheadings. Be selective about what you highlight, however; overusing boldface and italics reduces impact.
- Provide a table of contents and an index. The former helps the reader know at a glance whether you've responded appropriately, and the latter helps the reader find/evaluate/rate the key elements of the proposal.
- Most RFPs contain a section on how reviewers "grade" proposals. Ask someone outside your project to evaluate your proposal using the funding source's guidelines; having your proposal graded will help you fine-tune its organization and emphasis.
- Establish a funding source contact by phone, by letter, or in person – someone who will answer questions during the writing and after the submission of the proposal.

cont'd. →

Handle the Results: Funded or Not Funded

If one of every ten proposals that you write are funded, your writing team is effective. If your program is not funded, don't throw the proposal away. Grant proposal writing is an evolutionary process. Request feedback from the funding source's reviewers; this will help you revise and refine future proposals. The same proposal — with only minor revisions — may be acceptable to more than one funding source. Write a brief letter to the funding source thanking them for considering your proposal — and paving the way for increased communication when you next submit a proposal to them.

Most of all, learn from the experience. Here are twelve common reasons funding is not granted:

- The deadline for submitting the proposal was not met.
- The guidelines for content, format, and length were not followed exactly.
- The proposal was not original enough; the ideas presented were "more of the same."
- The proposed program was not among the funding source's priorities for the funding year.
- The proposal was not written clearly; the reviewers were confused about program design.
- The proposal was not complete as specified in the RFP or guidelines.
- The writer did not seem to "know the territory" — there was a lack of expertise.
- The proposal seemed beyond the capability of the writers. The writers lacked training, experience, or resources.
- The evaluation design or the measurement techniques were either not clear or not rigorous enough to document the program's intended objectives.
- The budget was unrealistic. Too much money or too little money was requested to meet the program's objectives.
- The cost of the program was greater than its potential benefit.
- The writer took a highly partisan position and was vulnerable to prejudices of the reviewers.

If your program is funded, do not spend any money until you have received official, written confirmation with an authorized signature. Notification that your program has been funded often comes with a request for additional information, adjustment in specific budget items, or additional requirements and restrictions. Remember that approved funding basically turns your proposal into a contract with the funding source. Grant funds may be monitored and/or audited to ensure

- Find out who else is applying for this grant and how much/how many grants will be awarded. Ask for a list of others who requested the RFP so you will know who you're competing with. If there are 200 applicants for 2 pilot projects to be awarded, then you will know not to be too disappointed if you don't get the award; you will also know that your time might be better spent on writing a proposal for a grant that has 50 applicants for 10 awards.
- Ask members of your stakeholder crew to apply to become proposal reviewers – and give you valuable perspective – or locate someone in your community who has been a reviewer and ask them to evaluate your proposal.
- Locate previous recipients of awards from the funding source, and ask them to share proposal-writing tips.

progress is being made and funds are expended according to the budget approved by the funding agency.

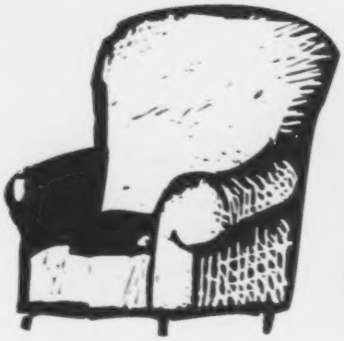
Along with funding notification, you will likely receive information about implementation dates the funding source considers critical, when interim and final reports are due, and dates when spending or billing must be terminated.

Once your program is implemented, you must seek approval from the funding source before making any significant changes in your program's plan, goals, or budget. If you want to make changes in personnel, target populations, or program outcomes, be sure to ask the funding source what the proper procedures are for obtaining their official approval **before** any changes are implemented.

Keep the communication flowing. Successfully funded programs often receive and spend funds independent of any further communication with the funding source. Even if the funding source does not require reports from you, send them. More problems are created from a lack of communication than from a surplus. Though there is no guarantee that your program will receive additional funds because you share information and products with the funding source, making the source aware of your program's results and your community's support may mean stronger consideration for future funding requests.

6

After you have successfully written funding proposals that meet your buyer's specifications, you have completed construction of your full service school "house." Now the house needs furnishings. Chapter 6 offers to equip your full service school with confidentiality and interagency agreements, family care coordination plans, and cross-training topics — all of which will also come in handy when you "remodel" as your program grows and changes.



Chapter 6

Furnish the house

The easiest part is putting it on paper; implementing is harder. You must check your ego at the door and avoid power struggles. But if you do, you'll be rewarded by what, in my opinion, is the best outcome of full service schools: expanded services to students.

Joan Fortinberry
Children's Services Director
Avalon Center of
Baptist Health Care

Raising the roof of your full service school, as you now know, means drawing a blueprint for collaboration, pouring a foundation of knowledge about your community's assets and needs, financing your program's construction, developing a framework, and building to stakeholder specifications.

Although the construction of your full service school may now seem complete, your program might not pass inspection year after year unless you top off your school house with these communication tools:

- confidentiality and information sharing guidelines,
- interagency agreements,
- Family Care Coordination Plans,
- public relations, and
- cross training.

In this chapter, we describe how you can develop these tools, offer examples that show how you can adapt them to meet your program's needs, and provide tips for using the tools creatively. With these additions to your weighty toolbox, you will signal the success of your collaborative building and ongoing remodeling efforts — to community agencies, to the families who live and work in your community, to the students who fill your classrooms, to the organizations that offer funding, to all your school's stakeholders.

Confidentiality and Information-Sharing Guidelines

A commonly cited barrier to interagency collaboration is the existence of confidentiality guidelines* that restrict — rather than promote — information sharing among agencies working with the same families. Confidentiality need not be a barrier to interagency collaboration if agencies agree to how much and when information can legitimately be shared. Ask yourself and your collaborators these questions: *Why protect information? Why share information?* [173].

Confidentiality * guidelines
written and/or verbal practices designed to keep spoken and written information about individuals private and available only to certain designated individuals or agencies

Why protect information?

Based on state and federal law, pertinent literature, and interviews with public officials and community agency personnel, Soler and Peters suggest seven major reasons information should be kept confidential (Figure 6-1).

Reasons to protect information	Explanation
1 Protect embarrassing personal information from disclosure	Confidentiality restrictions protect embarrassing personal information from disclosure. This information may include histories of emotional instability, marital conflicts, medical problems, physical or sexual abuse, alcoholism, drug use, limited education, or erratic employment.
2 Prevent improper dissemination of information about children and families that might increase the likelihood of discrimination against them	Confidentiality provisions also prevent the improper dissemination of information about children and families that might increase the likelihood of discrimination against them. Such information--about HIV status, mental health history, use of illegal drugs, or charges of child abuse--can be harmful if released. Harm can occur even if records show that the information is unproven or inaccurate.
3 Protect personal security	Protecting confidential information can be necessary to protect personal security. For example, in a domestic violence situation, an abused woman who leaves home may be in great danger if law enforcement personnel disclose her new location.
4 Protect family security	Confidentiality provisions also protect family security. Many immigrant families, for example, shy away from using public health clinics or other social services for fear the Immigration and Naturalization Service (INS) will take action against them.
5 Protect job security	Restricting the information that human service agencies receive may also protect job security. Some information-such as a history of mental health treatment-may have no connection with a person's actual job performance, but could jeopardize the individual's position, likelihood of promotion, or ability to find new positions.
6 Avoid prejudice or differential treatment	Children and families also want to avoid prejudice or differential treatment by people such a teachers, school administrators, and service providers. Teachers may lower their expectations for the children they know are eligible for food stamps or free school lunches. This may set in motion a self-fulfilling prophecy in which lowered expectations lead to lowered performance.
7 Encourage individuals to make use of services designed to help them	Confidentiality provisions also may be necessary to encourage individuals to make use of services designed to help them. Adolescents may avoid seeking mental health services at a school-based clinic, for example, if they believe that information will get back to their teachers, parents, or peers. The same holds for birth control or HIV-related medical consultations.

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Figure 6-1. *Why protect information?*

Pointers

In general, there are four checkpoints to consider when you develop confidentiality guidelines. Look for places or situations in your program where

- information is gathered,
- opportunities for participation are altered (e.g., when a service or program is added or deleted),
- information is shared, or
- treatment is provided.

Why share information?

While it is critically important to protect confidentiality, appropriate information sharing can foster more effective service delivery and less duplication of effort, benefiting both families and service providers. Soler and Peters' reasons for sharing information are as follows:

Reasons to share information	Explanation
1 Conduct comprehensive assessments of children and family needs	Typically, agencies are set up to provide limited services to children and families. Most children and families at risk, however, have multiple needs. To conduct comprehensive assessments of children and family needs, it may be necessary to have access to information from several agencies. This process is in the interest of children and families as well as the agencies who share information.
2 Provide all necessary services to clients	To provide all necessary services to clients, agencies need to share information. This is also in the interest of the children and families.
3 Coordinate service plans and avoid duplication of services	Sharing information helps to coordinate service plans and avoid duplication of services. Despite various missions, agencies may provide similar or overlapping services. Program plans of different agencies may also make conflicting demands on clients. Sharing information avoids wasteful duplication, resolves conflicts, and frees resources so that agencies can provide more comprehensive care for clients.
4 Facilitate the monitoring of services	As agencies implement family service plans, continued sharing of information will facilitate the monitoring of services by each agency. This monitoring ensures that needed services are actually provided and that agencies receive proper reimbursement for mandated services.
5 Make services more family-focused	Information sharing helps to make services more family-focused. Individual problems that agencies address often have roots in broader family issues. Information sharing enlarges the perspective of service needs. It may be more helpful, for example, to view an individual youth's delinquent behavior in the context of family problems such as unemployment, inadequate housing, substance abuse, and emotional instability. Sharing of information among agencies allows service providers to gain that broader perspective and provide the family with appropriate services.
6 Serve the needs of the broader community	Information sharing also helps agencies reach out to serve the needs of the broader community. Statistical analysis may be invaluable in determining the effectiveness of programs in place, current community needs that are unmet, projections of the need for services in the future, and the best ways to allocate limited resources.
7 Promote public safety	Information sharing may also promote public safety by ensuring, for example, that individuals applying for licenses to operate child residential facilities have not been subjects of confirmed child abuse reports.

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Figure 6-2. *Why share information?*

Developing a policy for confidentiality and information sharing

So how do collaborating agencies establish a policy for information sharing that respects confidentiality? We recommend Soler and Peters' five-step approach (Figure 6-3).

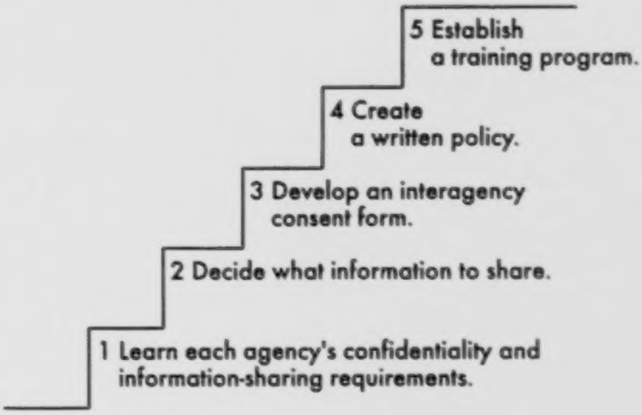

5 Establish a training program.
4 Create a written policy.
3 Develop an interagency consent form.
2 Decide what information to share.
1 Learn each agency's confidentiality and information-sharing requirements.

Figure 6-3. *Soler and Peters' 5-step approach*

Step 1. Learn each agency's confidentiality and information-sharing requirements. The first step in collaborating on information sharing is for each agency to share their confidentiality requirements. Federal statutes and regulations, state statutes and regulations, community agency and school board policies, and professional codes of ethics all contribute necessary components to an interagency policy. Make time for each of your stakeholder agencies to share their confidentiality requirements in this standard format:

- What information about families is legally deemed confidential? A provider of mental health services may be governed by very specific laws, regulations, and guidelines about what information may be shared, with whom, and under what circumstances — guidelines that may be significantly different from those required by a provider of emergency food services.
- What information is not confidential? Each community agency probably collects some information that is considered public.
- Are there exceptions to confidentiality rules? Under what special circumstances can confidential information be shared: in certain emergencies, during the development of a Family Care Coordination Plan, or in other instances?
- What information sharing is authorized and under what conditions?
- To what extent can information be shared based on the service recipient's consent? What are the requirements for consent? Who can consent for a minor?
- What provisions for information sharing are already in place: interagency agreements, memorandums of understanding?

Conduct collaborative discussions of confidentiality and information sharing in small- or large-group settings or as a panel discussion. Distribute printed copies of each agency's guidelines to the stakeholders. Identify and document what these policies have in common: You may discover fewer barriers than you expected.

Step 2. Decide what information to share. Adopting a need-to-know* policy emphasizes the importance of children's and families' confidentiality rights. In other words, collaborating agencies should agree to collect only the information that they need to know for adequate service provision. For example, a teacher may need to know that a child has had a sleepless night and needs extra attention during class. The teacher does not need to know that the child's parent was removed from the home and placed in a drug and alcohol treatment center for observation. If the parent is going to remain at the center for an extended period of time, however, the teacher may need to know that the child's parent will not be at home.

*** Need-to-know policy**

A need-to-know policy answers three questions:

- **What information is needed?**
- **Under what circumstances and to whom may this information be released?**
- **What is the intended use of the information?**

Realize that a need-to-know policy will also help to limit the use of excessive or irrelevant information that has significant cost and liability implications. The more agencies unnecessarily share information, the more difficult and time consuming that information sharing becomes. Unnecessary information sharing also increases the danger of inappropriate or damaging disclosure of personal information, and defeats cost-effectiveness by increasing paperwork, administrative costs, and the likelihood that inaccurate or unreliable information will be used for decision making.

Step 3. Develop an interagency consent form. Most community agencies already have specialized forms with names like "Consent to Participate," "Authorization for Services to Minors," "Consent to Monitor," or "Authorization to Receive and Exchange Information." If a common confidentiality and information-sharing form has not already been developed by the partners in your full service school program, create one to replace existing single-agency forms (see Appendix K for a sample Interagency Consent Form).

K

Step 4. Create a written confidentiality and information-sharing policy. Answer the following questions to create your written policy regarding use of the Interagency Consent Form:

- Under what circumstances must a consent form be used?
- Given that multiple agencies are involved with your full service school, who is responsible for obtaining written consent?
- How and when should the consent form be presented to an individual?
- What are the guidelines for handling situations where consent is difficult or impossible to obtain?

- What else can you do to protect confidentiality in your full service school? A code of ethics signed by each community agency's staff is one example.
- What restrictions apply to the use of information? For example, under federal regulations, the recipient of information about an individual may use that information only for the purpose for which disclosure was made.
- How will the re-release of information be handled? If a family consents to the release of information in order to receive one service, will that same consent be valid if the family applies for another service at a later date?
- When and how is it acceptable to modify the consent form? At the time it is signed? To meet unique needs of a particular child or family?

You may find it advantageous to create an informational flyer that reinforces your written policy, so that service providers can easily distribute — and more easily explain — the meaning of confidentiality and release of information to service recipients (see Appendix K for a sample informational flyer).

Step 5. Establish training for community agency staff. Distribute written materials and provide training on confidentiality to employees on an ongoing basis. One of the most effective ways to conduct such training is by using real-life scenarios to provoke discussion about confidentiality and information sharing (Figure 6-4).

Staffing * **meeting of family members, social and human service agency representatives, and education system representatives to arrive at a common understanding of the strengths and issues facing a family, and to develop a unified family care coordination plan outlining action to be taken**

A multi-agency staffing* is conducted with family members present, but because agency representatives feel pressured by time constraints, they discuss a second family's situation as well. What are the dangers in doing so? How can such an occurrence be prevented?

You are eating lunch in a local restaurant with a co-worker who starts discussing a family receiving services at your full service school. What should you do or say?

After she enrolls in a teen parenting program, a pregnant teen's name is given to a local coalition that deals with high-risk pregnancies. Should a consent form be completed? If so, who should sign it?

The parents of an eighth grade student refuse to sign a consent form. You suspect the parents are hesitant because their children were once taken from them on the basis of a child abuse and neglect complaint. Should you modify the consent form to exclude release of information to the agency that removed the children?

Figure 6-4. *Scenarios for training agency staff on confidentiality and information sharing*

Confidentiality is a difficult issue, so deal with it early in the process of building your full service school. Accept the fact that both agencies and families have concerns about sharing information, and then work out practical ways to deal with those concerns.

Interagency Agreements

Developing and negotiating agreements among community agencies fosters collaboration; such agreements facilitate goal accomplishment and ward off misunderstandings that could become significant barriers to implementing your full service school program. Successful agreements document how agencies will collaborate by addressing three basic topics:

- Where are we? (What is the current state of collaboration?)
- Where do we want to go? (What do we want to accomplish?)
- How do we get there? (What are the specific details that need to be worked through?)

Developing such agreements does not happen by chance. Timing is critical. If a formal interagency agreement is proposed too early in a collaborative relationship, the agreement may be more difficult to negotiate and less effective than your stakeholders want it to be. On the other hand, if you wait until collaboration is firmly established, mistakes or omissions that will be difficult to undo may already have been made, and the agreement will not make good on its promise of innovative change in existing practices. We suggest developing interagency agreements sooner rather than later; they can always be renegotiated as circumstances change.

Involve the stakeholders

All stakeholders should participate in each stage of the planning, development, implementation, and evaluation of an interagency agreement. Remember that families are key stakeholders. Involve them from the start so you do not make the mistake that schools and other community agencies too often make by interpreting family involvement to mean that the service provider gets families to support its established mission after the fact. Involving the stakeholders also means creating a data collection, feedback, and evaluation process that will ensure agreements are developed and updated on the basis of valid, current information.

Develop an agreement

We present two types of Interagency Agreements for your consideration. One is a formal approach to negotiating the exchange of funds and/or the establishment of liability among collaborating agencies. The school-based agreement (Figure 6-5) is a useful guide for providing specific services at a school-based location. Use the descriptions for each section to help you decide which details you want to include in your own agreement. The suggested wording can be modified to meet your needs (see Appendix L for a complete copy of the school-based agreement).

Pointers

Promote confidentiality:

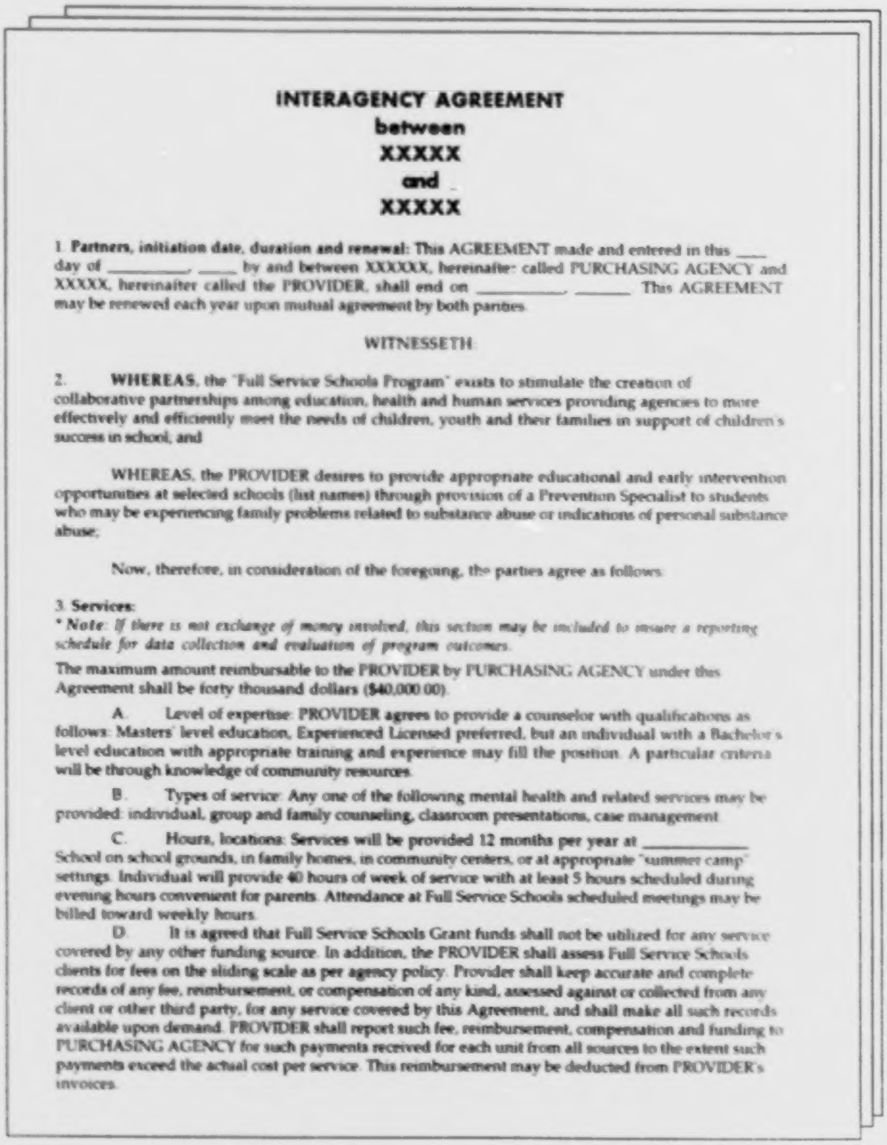
- Find out what information sharing your state statutes allow.
- Lock files; record who accesses, files, or destroys confidential records.
- Negotiate electronic information exchange protocols (for fax transmissions, e.g.).
- Plan for extraordinary situations, such as when parents forget to sign a consent form.
- Adopt a need-to-know policy.
- Use real-life scenarios to provoke discussion, or convene a panel of experts to answer questions.
- Document guidelines in student, parent, and agency handbooks.
- Consult a risk manager for feedback on the adequacy of your guidelines.
- Ask community agencies' legal counsel to review your consent form and guidelines.
- Develop a Parent's Bill of Rights; post it in waiting areas and hallways.
- Ask parents to read the Parental Consent Information Flyer, then summarize it in their own words.
- Address confidentiality violations at the lowest possible level.
- Include a confidentiality oath in new staff orientation.
- Model confidentiality by moving private conversations behind closed doors.

Pointers

One of the stakeholders in interagency agreements is the full service school's finance department. Particularly when funds change hands among agencies, the auditing requirements of the funding agency must be carefully adhered to.

Finance department representatives need to understand the mutually beneficial nature of fiscal arrangements established by your interagency agreement. Other key stakeholders are risk managers and facility supervisors who may have legitimate concerns about liability, safety, and the use of school or agency facilities during extended hours.

The greater the number of stakeholders who read the agreement, the less misunderstanding there will be.



INTERAGENCY AGREEMENT
between
XXXXX
and
XXXXX

1. **Partners, initiation date, duration and renewal:** This AGREEMENT made and entered in this ____ day of __________, _____ by and between XXXXXX, hereinafter called PURCHASING AGENCY and XXXXX, hereinafter called the PROVIDER, shall end on ___________, _______. This AGREEMENT may be renewed each year upon mutual agreement by both parties.

WITNESSETH:

2. **WHEREAS**, the "Full Service Schools Program" exists to stimulate the creation of collaborative partnerships among education, health and human services providing agencies to more effectively and efficiently meet the needs of children, youth and their families in support of children's success in school; and

WHEREAS, the PROVIDER desires to provide appropriate educational and early intervention opportunities at selected schools (list names) through provision of a Prevention Specialist to students who may be experiencing family problems related to substance abuse or indications of personal substance abuse;

Now, therefore, in consideration of the foregoing, the parties agree as follows:

3. **Services:**
* ***Note:*** *If there is not exchange of money involved, this section may be included to insure a reporting schedule for data collection and evaluation of program outcomes.*

The maximum amount reimbursable to the PROVIDER by PURCHASING AGENCY under this Agreement shall be forty thousand dollars ($40,000.00).

A. Level of expertise: PROVIDER agrees to provide a counselor with qualifications as follows: Masters' level education, Experienced Licensed preferred, but an individual with a Bachelor's level education with appropriate training and experience may fill the position. A particular criteria will be through knowledge of community resources.

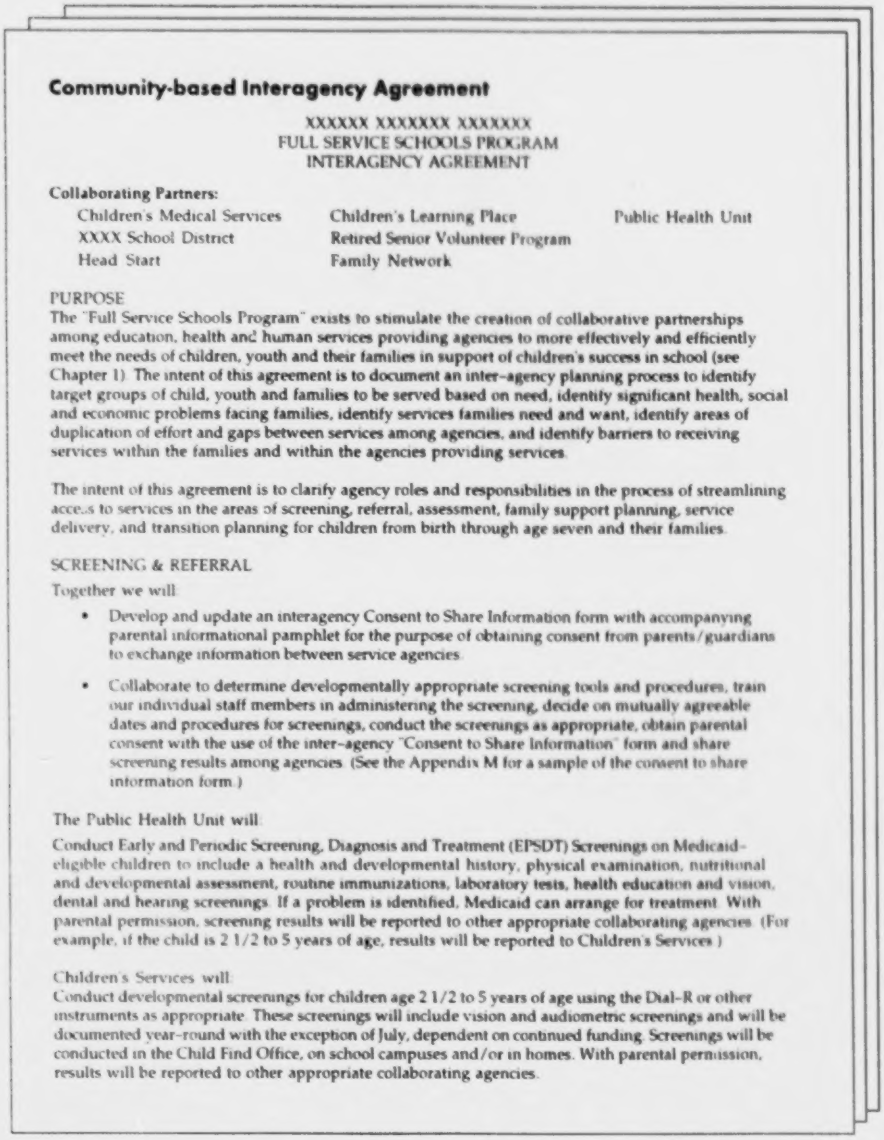
B. Types of service: Any one of the following mental health and related services may be provided: individual, group and family counseling, classroom presentations, case management.

C. Hours, locations: Services will be provided 12 months per year at ____________ School on school grounds, in family homes, in community centers, or at appropriate "summer camp" settings. Individual will provide 40 hours of week of service with at least 5 hours scheduled during evening hours convenient for parents. Attendance at Full Service Schools scheduled meetings may be billed toward weekly hours.

D. It is agreed that Full Service Schools Grant funds shall not be utilized for any service covered by any other funding source. In addition, the PROVIDER shall assess Full Service Schools clients for fees on the sliding scale as per agency policy. Provider shall keep accurate and complete records of any fee, reimbursement, or compensation of any kind, assessed against or collected from any client or other third party, for any service covered by this Agreement, and shall make all such records available upon demand. PROVIDER shall report such fee, reimbursement, compensation and funding to PURCHASING AGENCY for such payments received for each unit from all sources to the extent such payments exceed the actual cost per service. This reimbursement may be deducted from PROVIDER's invoices.

Figure 6-5. *Interagency agreement, school-based*

Interagency Agreement, Community-based (Figure 6-6) documents agencies' collaboration, but without the exchange of funds or liabilities that are included in the school-based agreement. Directions for developing the form (Appendix L) will help you decide which parts of the agreement apply to your program, and will also help you modify the wording to meet your needs.



Community-based Interagency Agreement

XXXXXX XXXXXXX XXXXXXX
FULL SERVICE SCHOOLS PROGRAM
INTERAGENCY AGREEMENT

Collaborating Partners:

Children's Medical Services
XXXX School District
Head Start
Children's Learning Place
Retired Senior Volunteer Program
Family Network
Public Health Unit

PURPOSE

The "Full Service Schools Program" exists to stimulate the creation of collaborative partnerships among education, health and human services providing agencies to more effectively and efficiently meet the needs of children, youth and their families in support of children's success in school (see Chapter 1). The intent of this agreement is to document an inter-agency planning process to identify target groups of child, youth and families to be served based on need, identify significant health, social and economic problems facing families, identify services families need and want, identify areas of duplication of effort and gaps between services among agencies, and identify barriers to receiving services within the families and within the agencies providing services.

The intent of this agreement is to clarify agency roles and responsibilities in the process of streamlining access to services in the areas of screening, referral, assessment, family support planning, service delivery, and transition planning for children from birth through age seven and their families.

SCREENING & REFERRAL

Together we will:

- Develop and update an interagency Consent to Share Information form with accompanying parental informational pamphlet for the purpose of obtaining consent from parents/guardians to exchange information between service agencies.
- Collaborate to determine developmentally appropriate screening tools and procedures, train our individual staff members in administering the screening, decide on mutually agreeable dates and procedures for screenings, conduct the screenings as appropriate, obtain parental consent with the use of the inter-agency "Consent to Share Information" form and share screening results among agencies. (See the Appendix M for a sample of the consent to share information form.)

The Public Health Unit will:

Conduct Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Screenings on Medicaid-eligible children to include a health and developmental history, physical examination, nutritional and developmental assessment, routine immunizations, laboratory tests, health education and vision, dental and hearing screenings. If a problem is identified, Medicaid can arrange for treatment. With parental permission, screening results will be reported to other appropriate collaborating agencies. (For example, if the child is 2 1/2 to 5 years of age, results will be reported to Children's Services.)

Children's Services will:

Conduct developmental screenings for children age 2 1/2 to 5 years of age using the Dial-R or other instruments as appropriate. These screenings will include vision and audiometric screenings and will be documented year-round with the exception of July, dependent on continued funding. Screenings will be conducted in the Child Find Office, on school campuses and/or in homes. With parental permission, results will be reported to other appropriate collaborating agencies.

Figure 6-6. *Interagency agreement, community-based*

Neither of the interagency agreements suggested here outlines a legal contract. All final agreements (especially those involving the exchange of funds) should be reviewed by collaborating agencies' attorneys. But keep in mind that interagency agreements go beyond the legalities of funds and liabilities: such agreements establish a framework of trust among collaborating partners and answer the questions *Where are we?*, *Where do we want to go?*, and *How do we get there?*

Focus on Stakeholders

Writing an interagency agreement to establish juvenile justice confidentiality and information-sharing guidelines for Santa Rosa County took one year to complete. Why? Well, the process was complicated by a number of factors.

Although new state law reflected needed information-sharing changes, it took local action to actually effect those changes. Developing a local agreement was suggested by the full service schools director at a meeting of the local Juvenile Justice Council, who took it under advisement. Both the Council and the school system realized that developing the agreement would require input from other affected parties, and law enforcement and court personnel were contacted.

But before they could take concrete action toward developing a confidentiality agreement, agency representatives discovered that they didn't speak the same language — at least when it came to juvenile justice terminology. School system representatives said "sent to court"; court representatives said "adjudicated." A glossary of terms was developed, and agencies were soon able to translate each other's communications accurately.

Next stumbling block: each agency had a different method of recording information about juveniles. Before they could decide how to share information, then, agency representatives had to document who had what information and how it was stored and accessed.

Then...who would lead the guidelines-writing process? In this case, when the school system volunteered to take the lead, other agency representatives breathed a sigh of relief — and the process got underway.

Family Care Coordination Plan

The Family Care Coordination Plan is a tool designed to guide families through answering a series of critical questions:

- What are our family's strengths? What resources do we have at home, in our extended family, in our community?
- What are our children's needs?
- What are our family's needs?
- What short-term and long-term goals do we have as a family?
- What services so we need, in what priority, and by what delivery method?
- How will we decide whether our goals are being met or whether our Plan needs to be changed?
- How will we decide if we are benefiting from the family care coordination plan process?

A Family Care Coordination Plan results from a family-centered process that involves the family and community agency professionals.

The process has four steps:

1 **Risk assessment:** Baseline information regarding the family's medical, nutritional, educational, developmental, and psychosocial needs is gathered.

Why are agency representatives happy with the results, despite the lengthy development time? For one thing, existing professional relationships helped establish and increase the level of trust so important to any change-related process: Two police chiefs, the county sheriff, the state attorney, the clerk of the court, the school superintendent, and the director of the juvenile justice department all signed off on the resulting document. For another thing, the agency representatives shared goals: All were committed to preventing juveniles from becoming at-risk and to intervening when necessary to ensure the community's safety and security. They were also committed to sharing resources, eliminating duplication of effort, and involving their members in cross-training efforts.

The results? An agreement that ensures local compliance with state law regarding confidentiality and information-sharing about juveniles, protocols on how to share information, guidelines on who will share information with whom, and training outlines for each agency's staff. And...a fresh look at some old problems by virtue of bringing these stakeholders together. Before the agreement, juveniles who had been adjudicated were automatically expelled from school — after the agreement, expulsion is no longer automatic. Parent involvement is greater as well, and the county is justifiably proud of the improved juvenile justice system that has derived from this model of collaboration.

2. **Planning:** Priorities among the identified needs are established.
3. **Linking:** Service providers are identified and care is coordinated.
4. **Follow-up and monitoring:** Checks are established to ensure the family actually receives services, keeps appointments, and benefits from the family care coordination plan process.

The Family Care Coordination Plan process may be initiated in a variety of ways, depending on the methods you have chosen for identification, screening, and eligibility determination for particular services (see Chapter 2).

Regardless of how the Family Care Coordination Plan is initiated, it usually is necessary to first address the family's immediate needs such as food, clothing, shelter, emergency medical treatment, or child care. Then the real work with the family begins; programs that stop at satisfying only immediate needs are least effective.

During the risk assessment step, the family begins the process of identifying their strengths and resources, concerns and priorities. To accomplish this identification, one or more survey tools may be necessary, and families with literacy or language barriers may need your assistance to complete them. One agency or individual should ensure completion of the surveys and the initial information sheet that accompanies the Family Care Coordination Plan. We recommend collecting risk assessment information in this order:

1. Collect the initial information (name, address, phone numbers, social security numbers, etc.) about the family needed for the plan.
2. Identify the family's strengths. The Family Support Scale will help to begin this process (see Appendix M).
3. Assess the family's needs (see the Family Needs Scale in the Appendix M).
4. Based on the services identified by the needs assessment, assemble a team of service providers to work with the family to complete the Plan.
5. Arrange for the team members and the family to meet and write the Family Care Coordination Plan.

Whenever possible, use existing sources of information, such as forms that have already been completed by the family or computerized database systems, as the basis for writing the Family Care Coordination Plan. Especially for those families dealing with multiple agencies, it is terribly frustrating to give the same information over and over again. Ideally, the Family Care Coordination Plan will be entered into a computer-automated system so that all authorized community agencies can access the most current information.

Public Relations

There is an ongoing need for public relations in a full service school. Any positive program should consider a solid public relations program as a tool to disseminate information, build support in the community, and expand the excitement of the program's success. How can you get started? What do you tell to whom and how? First, ask yourself some important questions about what makes news. Does your story

- affect many people?
- have a local or community angle?
- mention prominent people?
- have immediacy (timeliness)?
- have a human interest angle?
- focus on something extraordinary?

If all of these statements are true, then you have information that the community will be interested in hearing. Now you must decide how you want to transmit your message:

- written materials

- local networking (meetings & newsletters)
- press releases
- news conferences
- editorial conferences
- letters to editors
- feature stories
- electronic media
- paid advertising
- local conference on collaboration
- other conferences
- speakers' bureau
- creative messages

Pointers

Consider asking members of the local press to attend planning meetings or to participate as members of governance structure teams.

Your full service school's stakeholders have the job of agreeing on which types of public relations to use and when. After giving you a brief description of each format mentioned above, we will provide you with a list of pointers for your public relations strategy.

Written materials

No matter how much you talk about full service schools, there is always a need for written materials. The problem with written materials lies in keeping information current as your program changes and expands, so choose a standard format, use a word processor or desktop publishing program, and continually update materials. (The service matrix [Figure 1-5] in Chapter 1 has proven to be an excellent communication tool. Interested persons are able to see at a quick glance what types of services are provided, where the service is located, and the funding source for the service.)

You may want to produce written materials that define your full service school program; illustrate outcome measures, goals, and mission statement; list collaborating agencies and sites; and name a contact person. Always date written materials.

Local networking

Local networking usually occurs in one of two forms: face-to-face meetings or newsletters. Never miss an opportunity to talk with people in interagency or business meetings, during special-interest group sessions or civic functions. Ask to be placed on the agenda of local meetings that are well-attended. Distribute written materials to interested parties. Publish your own newsletter, or if funding is not available, submit articles about your program to newsletters published by other organizations.

Press releases

A press release is a formal statement written for publication about an event or relevant information. Some hints about using press releases:

- Use a formal press release **sparingly**. Decide if your news item is best served through a news release, or if it may actually be an article, letter to the editor, or feature.
- Follow the format shown in Figure 6-8 to be sure the release is correctly written.
- Do not use releases as propaganda. They are to be used for legitimate news items that interest the community. One poorly written news release may damage your program's reputation with the press!
- Distribute news releases fairly, to all local media sources instead of a select few.

Press Release

For Immediate Release
Date: July 11, 199x
Contact: Carol Calfee, Project Manager for Full Service Schools
Phone: xxx-xxx-xxxx
Fax: xxx-xxx-xxxx

Santa Rosa Healthy Kids Detailed

Milton, FL.-Affordable health insurance will soon be available to all Santa Rosa County students! Details of the Santa Rosa Healthy Kids program will be announced July 13, 199x, during a press conference at the Holiday Inn Bay Beach, 51 Gulf Breeze Parkway, Gulf Breeze, Florida.

Healthy Kids, a private nonprofit effort created by the 1990 Florida Legislature, was designed to offer low cost health insurance to students not covered by any other health insurance program.

School Superintendent Bennett C. Russell will officially announce the start of the first open enrollment for students enrolled in Santa Rosa County Schools. Trevor Smith, Chairman, Healthy Kids Corporation Board of Directors, will also be present to launch the program. In Florida, Santa Rosa County becomes only the third county selected to pilot the Healthy Kids program. Superintendent Russell will reveal the efforts of the local public/private partnership that formed to win approval for Santa Rosa's selection as a Healthy Kids pilot site. The press conference will beheld in the Bon Appetit restaurant and will begin promptly at 3:30 p.m.

(END)

Figure 6-8. *Sample press release*

Pointers

Build good p.r.:

- Be sensitive to community values; deal with nonthreatening issues first, delicate issues later.
- Match the message to the medium: don't cram a description of your entire program into a 3-minute broadcast.
- Let community agencies preview material that mentions them.
- Avoid jargon.
- Know your subject; keep written material handy for support and accuracy.
- Don't rush your answers; consider the question, and answer clearly and deliberately.
- Sound confident – even if you don't feel confident.
- If information cannot be released or if you don't have an answer, say so.
- Don't talk off the record.
- Be relaxed, sincere, but not joking. Don't express personal opinions.
- Tailor your delivery to the audience. If you speak to senior citizens, stress the role they can play as volunteers, for example.
- Choose one spokesperson for your program.
- Be proactive: send a positive message before someone else sends a negative one.
- Develop a personal relationship with press members.
- Keep a scrapbook of all media coverage and send copies to collaborating agencies.

Press conferences

A press conference is an excellent way to ensure that your story will have a balanced presentation in the news, but reserve press conferences for significant stories only. An effective conference requires thorough preparation.

- Set the time and place.
- Announce the press conference via a press release distributed to all media: radio, television, newspaper, special interest magazines, etc. Release the announcement less than one week before the conference (press releases tend to get filed away if they are sent too soon). Within two days prior to the conference, follow up personally with each media representative.
- Prepare a press kit for every participant. The press kit should include a copy of the press release, a formal agenda, a cover letter focusing on the purpose of the conference and thanking those in attendance, a historical perspective on the program, and any pertinent background materials such as sample newspaper articles, background data on the lead agency, journal articles on the topic being presented, and a list of the key stakeholders.
- On the day of the conference, have a key stakeholder deliver welcoming remarks. A second stakeholder can clarify program goals with brief explanatory comments. Other stakeholders may speak for two to three minutes, each giving their perspective on the benefits to families in the program (topics can be assigned ahead of time to guarantee adequate coverage of the subject). Reserve five minutes for questions from the press before making closing remarks.

Editorial conferences

If your program does not receive enough positive attention, or if you receive too much negative attention on a particular aspect of your program, consider talking with the editors responsible for those features. The purpose of the editorial conference is usually to provide an introduction to the concept of full service schools. What you want from the editors is a commitment for long-term coverage. Be prepared: Know the newspaper's position on or off the record, and suggest possible editorials on your program.

Letters to editors

Letters to the editor can effectively educate the community about your program. Make letters short and to the point. Always have someone else proofread and react to the letter before you submit it. Balance criticism with compliments. Consider submitting a series of letters to broaden the community's understanding of your full service school.

Feature stories

Many newspapers run longer feature stories on topics that they feel have considerable human interest. When an editor does not feel that your program qualifies as hard news, suggest a feature story as an alternative. Working with an editor or reporter on feature stories also helps to create relationships with news agencies for the future.

> *In my estimation, the most important aspect of full service schools is the ability to be "on the spot" to serve children's needs and to help them and their families resolve real-life problems. The rewards far outweigh the initial effort. Get as many participants as you can!*
>
> **Sotero Claudio, Jr.**
> **HRS Protective Services Counselor**

Electronic media

Local television stations may consider a short news story on your full service school or a series of shorter features over a period of one week. Radio stations frequently host guest speakers. Public service announcements, usually only 30 seconds to 1 minute in length, are free and required of both public television and radio.

Paid advertising

Do not ignore the possibility of recruiting a business partner or sponsor to provide commercial advertising in local newspapers, on television, or on radio. This strategy is particularly effective to announce limited enrollment periods, publicize special events, or provide a forum for public discussion of teenage parenting rates in your community, for example.

Local conference on collaboration

Pull collaborators together to sponsor a local conference. Not only does this provide a training opportunity, but the conference also provides a forum for highlighting individual services. Include a display area where collaborators can hand out information on their agencies, and invite guest speakers from the community. Advertising for the event, in addition to news coverage during the event, provides a positive format for communication with the community.

Other conferences

Look for local, state, regional, and national conferences related to the topics of full service schools, collaboration, community empowerment, capacity-building for families, dropout prevention, and similar topics. Apply to present information about your program at the conference. Conferences offer the opportunity to share your ideas with others, while your program benefits from the ideas you receive from others.

Speakers' bureau

Recruit a small group of skilled stakeholders to act as speakers for special events. Speakers' bureau members will appreciate a packaged presentation, including handouts, overhead transparencies, and/or an electronic presentation.

Creative messages

Don't limit your program presentations to the conventional approaches. Look for creative ways to get your ideas across.

- Create run-time computer programs using presentation tools. The end product is a computer disk that can be used in a compatible computer. The recipient puts the disk in the machine and types in a simple command to start the program.

- Create a three-minute videotape telling the story of an imaginary family in your program. Walk the viewer through the family's problems and explain how the full service school program is designed to meet their needs.
- Contact a nearby university to see if marketing class students can work with your program. Students gain experience from developing press releases, writing public service announcements, creating videotapes, preparing written materials — and your program benefits from fresh public relations ideas.

Cross Training

In order to cope with the changes that the full service school experience brings, creative and innovative training strategies are needed which enable providers to be more responsive to families' needs. Change can only take place with an increase in individual capability. Human experience consists of balancing capabilities against challenges. Status quo is maintained when our capabilities (in the form of ability and willingness) are equal to a challenge that we face. Change occurs when this balance shifts and the status quo is disrupted. If our capabilities are greater than what the challenge requires, positive change is the result. If our capabilities are less than what the challenge requires, negative change takes place.

The key word here is *capability*. Instituting a full service school program stresses the relationship between capability and challenge. Cross training✱ is the tool that increases individual capability to deal positively with change. The purpose of any training program in a full service school is to build each individual's capability to develop collaborative relationships. Cross training must include as many collaborators as possible: caregivers, families, teachers, principals, community agency personnel, educational and civic leaders, etc. Cross training must be an ongoing part of your program; as the program grows, training nurtures both the program's growth and the individual's growth.

✱ Cross training
process by which interagency partners in a full service school program share experience, expertise, and information in an effort to build the collaborative skills necessary to meet the complex and diverse needs of students and families

What to train

Training is most effective when it meets the participants' needs. Ask participants in the full service school program to suggest training categories, such as

- **Why build a full service school?** Provide information on your full service school model, the importance of the program to the community, and the benefits of collaboration (Chapter 1).
- **Effective teamwork strategies.** Draft a mission statement, set goals and objectives, define team members' roles and functions, set guidelines for effective meetings, discuss trust and rapport, explore decision making and open communication, and provide tips on conflict resolution.

- **Examples of collaboration in our community and beyond.** Ask stakeholders to provide examples of the collaborative process within your community and the results that have been attained. Provide information on full service school programs from other areas of the country.
- **Community resources for families.** Share information from needs assessment (Chapter 3). A product of this training could be a community resource guide.
- **Grant proposal writing and funding sources.** Review the basics of proposal writing (Chapter 5), and provide information about funding sources. One goal could be to establish an interagency grant proposal writing team.
- **Conducting a needs assessment.** Provide information on different strategies for assessing community needs (Chapter 3). Ask experienced participants to bring results of needs assessments they have conducted. Develop a community profile.
- **Program evaluation.** Provide information and exercises on how to write a comprehensive evaluation plan that measures your program's success (Chapter 5). Include methods for evaluating families' satisfaction with service delivery; then use the information to plan change toward a more family-friendly full service school.
- **How to write an interagency agreement.** Provide guidelines for a comprehensive Interagency Agreement (Chapter 6), and have participants draft an agreement.
- **How to write a Family Care Coordination Plan.** Provide information on Family Care Coordination Plans (Chapter 6). Designate part of the training session to focus on the relationship between a family's life goals and the role that your program can play in helping them realize those goals.
- **Positive public relations.** Ask participants to develop a one-year public relations plan (based on information in Chapter 6).
- **Confidentiality.** Convene a panel of representatives from school, family service agencies, and parents. Pose questions about confidentiality to each panel member. Ask a moderator to emphasize points of consensus.
- **Cultural sensitivity.** Offer exercises in cultural sensitivity to heighten the awareness of program participants.
- **The Special Challenges of Service Providers.** Ask members to vote their interest in a series of short discussions on the topics listed in Appendix N. The discussions will allow participants to share their expertise.
- **Low-literacy populations.** Ask providers who work with low-literacy adults to provide insight on how to communicate and teach low-literacy persons.
- **Customer relations.** Many private businesses have developed training programs based on the idea that the "customer is always right." Look for

ways to adapt such a training program to the "family is always right." Include basic customer relations principles and methods for managing conflict between providers and "customer" families.

How to train

Nontraditional forms of training can provide a spark to your training program. Consider group activities, but also explore creative alternatives.

- Develop methods to individualize programs: use smaller modules of reading materials and study questions, videotapes of presentations, computer-assisted conferences with professionals from other parts of the country.
- Collect real-life family scenarios for brainstorming sessions.
- Suggest team-building exercises.
- Distribute literature and research reviews.
- Organize a conference highlighting the full service school program and its stakeholders.
- Provide adequate time for networking among partners.
- Publish a newsletter.
- Write a weekly column for a local newspaper.
- Look for computer software programs on training topics.
- Develop multi-media presentations from publishers of materials on at-risk youth to spark interest and enthusiasm.
- Explore options through distance learning (satellite transmission, computer networking, electronic mail, teleconferencing, etc.).
- Attend conferences and interagency meetings.

Now your toolbox is as filled as we can help you get it. But that does not mean that it is filled to capacity. Consult the annotated references for myriad sources of valuable information, review the appendixes for adaptable forms and assessments and examples, and return to previous chapters or the glossary to reinforce what you have learned.

The construction of a full service school does not have a completion date, rather it is an ongoing building and remodeling program that requires the skill of both master and apprentice stakeholder crews. Remember to keep your stakeholders involved, be open to creative and innovative ideas, remain flexible, and be responsive to both supporters and detractors. Develop interagency agreements, information-sharing guidelines, and cross-training programs, work with families to write care coordination plans that make change possible, and initiate valuable media relationships. All these tools will help signal your program's successful collaborations — now and in the future.

Appendixes

Stages, Steps, and Phases: Approaches to Full Service School Construction [79]

Melaville & Blank with Asayesh: Five Stages
- Stage One: Getting Together
- Stage Two: Building Trust and Ownership
- Stage Three: Developing a Strategic Plan
- Stage Four: Taking Action
- Stage Five: Going to Scale

Gardner: Three"Escalating" Steps
- Establishing "hooks"—linking participation in one program to participation in another
- Applying "glue"— funding services from several sources under one roof
- Venturing jointly—creating partnerships to raise funds

USDOL's Policy Academy on Families and Children at Risk: Three Phases
- Getting to know each other
- Agreeing on common projects
- Taking action

Weissbourd: Five Action Steps
- Developing a new kind of line worker
- Untying the hands of program and government administrators
- Developing and strengthening flexible programs that provide preventive and comprehensive services
- Developing stronger collaborations
- Developing better outcome measures

Guthrie and Guthrie: Five Steps
- Mapping the territory
- Surveying the field
- Reviewing current needs and services
- Developing a plan
- Getting started

Imel: Six Steps
- Assessing the local need and climate
- Forming interagency linkage teams
- Forming the team
- Establishing a collaborative relationship
- Developing an action
- Following up/following through

USDOL Policy Academy on Families and Children At Risk: Seven Steps
- Envisioning a future for children and families
- Understanding policy contexts and social conditions
- Assessing family problems, strenghts, and opportunities
- Setting outcome-oriented objectives
- Building effective strategies for desired outcomes
- Implementing policies
- Being accountable for results

Alberta Education Response Centre: Seven Steps
- Knowing your organization
- Identifying needs
- Identifying internal and external resources
- Establishing and solidifying partnerships
- Formulating short-term and long-term objectives
- Developing action plans
- Evaluating all program facets

Southeastern Regional Vision for Education: Nine Steps
- Getting started
- Developing a community collaborative council
- Identifying a shared vision
- Conducting a needs assessment
- Developing an action plan
- Selecting a coordinator
- Implementing the plan
- Evaluating the program
- Publicizing successes and plans for improvement

Logan: Eleven Steps
- Examining existing resources
- Determining the agencies that can help
- Reviewing the concepts of partnerships
- Contacting the "powers-that-be"
- Running your plans by the "secondary" powers
- Forming a planning committee
- Writing a plan
- Formalizing responsibilities
- Evaluating decisions that need to be made
- Monitoring and adjusting the program
- Evaluating the objectives

Blueprint 2000 Goals and Corresponding Full Service School Services

Blueprint 2000 is Florida's plan for educational accountability, calling for action toward a new direction in instruction and assessment. Blueprint 2000 challenges public schools to "recognize fundamental economic and societal changes and restructure schooling for the next century" [12].

A full service school is the ideal "tool" for constructing programs that respond to Blueprint 2000's challenges. The following matrix shows how "rooms" in your full service school can be combined to build a complete Blueprint 2000 "house."

GOALS	CORRESPONDING SERVICE
#1 Readiness to Start School **Communities and schools collaborate to prepare children and families for children's success in school.**	Mental health counseling Child study/student assistance teams Health services Insurance programs Children & families services Intergenerational programs Parent workshops and education Head Start, First Start, Even Start programs Before and after-school childcare programs Nutrition programs Economic services Early intervention programs Transportation Family literacy/family counseling Child care Health care Extended reading programs Pre-kindergarten initiatives
#2 Graduation Rate and Readiness for Post-Secondary Education and Employment **Students graduate and are prepared to enter the work force and post-secondary education.**	Mental health counseling Guidance services Tutoring/mentoring programs Adult literacy ESOL programs Child study or student assistance teams Teen parenting programs Family counseling Teacher/peer adoption programs Dropout prevention programs Children and families services Intergenerational programs Job services Employability and career counseling Volunteer programs

GOALS	CORRESPONDING SERVICE
#3 Student Performance **Students successfully compete at the highest levels nationally and internationally and are prepared to make well-reasoned, thoughtful, and healthy life-long decisions.**	Mental health counseling
	Competence-based curriculum
	Child-study or student assistance teams
	Teen parenting programs
	Tutoring/mentoring
	Resource officer programs
	Career counseling
	Dropout prevention programs
	Study skills/habits
	Health insurance programs
	Children and families services
	Intergenerational programs
	Parent workshops
	Volunteer programs
	Youth programs (4-H, Boy Scouts, Girl Scouts, special interest clubs, etc.)
	Substance abuse counseling
	Attendance initiatives
	Academic programs
	Student behavior incentives
#4 Learning Environment **School boards provide a learning environment conducive to teaching and learning.**	Increased use of technology
	Business partnerships
	Adult education classes
	Child study or student assistance teams
	Community use of facilities
	Professionalization programs
	Time on task activities
	School climate programs
	Expectation/performance programs
	Teacher/parent/student participation
	Teacher morale/attitude programs
	Violence prevention

GOALS	CORRESPONDING SERVICE
#5 School Safety and Environment **Communities provide an environment that is drug-free and protects students' health, safety, and civil rights.**	Mental health counseling
	Delinquency services
	Child study or student assistance teams
	Safety education
	Teen parenting programs
	Resource officer programs/law enforcement
	After and before-school child care
	Community use of facilities
	Health services
	Health insurance programs
	Children and families services
	Graffiti control
	Building and grounds beautification programs
	Guardian ad litem services
	Legal services
	Business partnerships
	Parent workshops and family counseling
	Nutrition programs
	Youth gang intervention
#6 Teachers and Staff **The schools, district, and state ensure professional teachers and staff.**	Staff wellness programs
	Professionalization programs
	Child study or student assistance teams
	In-service training on available community resources to support families
	Peer teacher programs
	Technology initiatives
	In-service training from the community on identifying and referring students with special needs
	Increased participation of instructional and non-instructional staff in community support service training opportunities

GOALS	CORRESPONDING SERVICE
#7 Adult Literacy **Adult Floridians are literate and have the knowledge and skills needed to compete in a global economy and exercise the rights and responsibilities of citizenship.**	Adult literacy classes
	GED preparation classes (General Educational Development)
	Extended school day
	Community education
	Junior college and university coursework
	Legal services
	Employment services
	Elderly services
	Housing assistance
	Foster care
	Adult health care
	Economic services
	Nutrition programs
	Budgeting programs
	Voter registration programs
	Business partnerships
	Parent workshops and seminars through community sponsors
	Parent use of technology equipment
	Tutoring and mentoring programs

Full Service Schools District Project Status Information (11/95)

DISTRICT & SITE	State Funding Sources applied at site			Number Students at Site	SERVICES AT SITE														
	FSS Prog Grant	FSS PECO Grant	Comp School Health Grant		Child Welfare	Adult Educ	Mental Health	Dental	Child Care/ Pre-K	Economic	Job Placement	Social Work	Health	Juvenile Justice/ Law Enforcement	Before/ After School	Legal	Family Planning	Transportation	Tutoring
ALACHUA Family Service Center	X	X		340	X	X	X		X	X		X	X			X		X	
TOTAL	1	1		340	1	1	1		1	1		1	1			1		1	
BAKER Keller Intermediate/ Family Service Ctr	X	X	X	820		X	X		X	X		X	X	X	X	X			
TOTAL	1	1	1	820		1	1		1	1		1	1	1	1	1			
BAY Patterson Elementary	X		X	600	X	X	X		X			X	X		X				
TOTAL	1		1	600	1	1	1		1			1	1		1				
BRADFORD (None)																			
BREVARD																			
Cocoa High School		X	X	1,244		X	X		X			X	X	X					
University Park Elem				593			X	X	X				X				X		
TOTAL		1	1	1,837		1	2	1	2			1	2	1			1		
BROWARD																			
Lauderhill Mall Comm	X			1,438	X	X	X			X		X	X		X	X	X		
Crystal Lake Middle	X		X	1,550	X	X	X			X		X	X		X		X		
Ely High		X	X	2,214	X							X	X				X		
Stranahan High		X	X	1,418	X							X	X				X		
S. Broward High		X		1,450	X	X	X			X		X	X				X		
Charles Drew Elem			X	819	X			X				X	X						
New River Middle			X	900	X							X	X		X		X		
Riverland Elem			X	895	X			X				X	X						
Drew Resource Ctr		X																	
Dandy Middle		X																	
TOTAL	2	5	6	10,684	8	3	3	2		3		8	8		3	1	6		

DISTRICT & SITE	State Funding Sources applied at site			Number Students at Site	SERVICES AT SITE														
	FSS Prog Grant	FSS PECO Grant	Comp School Health Grant		Child Welfare	Adult Educ	Mental Health	Dental	Child Care/ Pre-K	Economic	Job Placement	Social Work	Health	Juvenile Justice/ Law Enforcement	Before/ After School	Legal	Family Planning	Transportation	Tutoring
CALHOUN (None)																			
CHARLOTTE																			
CFF/Meadow Park	X	X		866	X	X	X	X	X	X	X	X	X		X	X			
CFF/Sallie Jones	X			603	X	X	X	X	X	X	X	X	X		X	X			
CFF/Vineland	X			750	X	X	X	X	X	X	X	X	X		X	X			
TOTAL	3	1		2,219	3	3	3	3	3	3	3	3	3		3	3			
CITRUS																			
Crystal River Primary	X	X		2,000			X				X	X	X	X					
Lecanto	X	X		2,100			X				X	X	X	X					
TOTAL	2	2		4,100			2				2	2	2	2					
CLAY																			
Green Cove SpgMdl	X			672	X		X			X		X	X	X	X			X	
Clay High	X			767	X	X	X			X	X	X	X	X				X	
C.E. Bennett Elem	X	X		1,064	X		X	X	X	X		X	X	X	X			X	
R.C. Bannerman LrnCtr	X	X		206	X		X	X	X	X	X	X	X	X				X	
Orange Park Jr. High	X			907	X		X			X		X	X	X	X			X	
Grove Park Elem	X	X		653	X		X	X	X	X		X	X	X	X			X	
S.Bryan Jennings Elem	X	X		684	X		X	X		X		X	X	X	X			X	
W.E. Cherry Elem	X			730				X		X		X	X	X				X	
Tynes Elem	X	X		920	X		X	X		X		X	X	X	X			X	
Wilkinson Jr. High	X			1,233	X	X	X			X		X	X	X	X			X	
Keystone Hts. Elem		X	X	1,138	X		X	X		X		X	X	X				X	
Keystone Jr.-Sr. High			X	941	X	X	X			X	X	X	X	X				X	
TOTAL	10	6	2	9,915	11	3	11	7	3	12	3	12	12	12	7			12	
COLLIER (None)																			
COLUMBIA																			
Student Outreach Service Center	X	X			X	X	X		X		X	X	X	X					
TOTAL	1	1			1	1	1		1		1	1	1	1					

DISTRICT & SITE	State Funding Sources applied at site			Number Students at Site	SERVICES AT SITE														
	FSS Prog Grant	FSS PECO Grant	Comp School Health Grant		Child Welfare	Adult Educ	Mental Health	Dental	Child Care/PreK	Economic	Job Placement	Social Work	Health	Juvenile Justice/Law Enforcement	Before/After School	Legal	Family Planning	Transportation	Tutoring
DADE																			
Douglas Elem		X					X						X						X
Miami Park Elem	X	X		1,165	X	X	X		X	X			X	X	X				
Madison Middle	X	X		1,449			X		X	X	X		X	X		X	X		
Hialeah Senior	X	X		2,548	X	X	X		X	X	X		X	X			X		X
A L Lewis Elem	X	X		502	X	X	X		X				X		X				
Charles Drew Elem	X	X		693	X		X		X			X	X	X	X		X		X
Mays Middle		X	X	1,173	X		X					X	X						
Pine Villa Elem		X	X	931	X				X				X		X				
Bel Aire Elem			X	636	X				X			X	X		X				
Ben Shepperd Elem			X	1,674	X		X		X			X	X		X				
Ben Shepperd Annex			X	664			X					X	X						
North Miami Elem			X	2,001	X	X	X		X			X	X		X				
L C Evans Elem		X	X	678	X		X		X			X	X		X				
Martin L King Elem			X	354	X		X		X			X	X		X				
Fienberg/Fisher Elem		X		828	X	X	X	X	X	X		X	X		X	X			X
Miami Beach Senior		X		2,601	X	X					X	X	X				X		
Gratigny Elem		X		1,351	X		X		X			X	X		X				
Toussant Louverture El		X		987					X						X				
Poinciana Park Elem		X		687					X						X				X
Riverside Elem		X					X		X										
TOTAL	**5**	**15**	**8**	**20,922**	**14**	**6**	**15**	**1**	**16**	**4**	**3**	**11**	**17**	**4**	**13**	**2**	**4**		**5**
DESOTO																			
Family Service Center	X	X		931	X	X	X			X	X	X	X	X					
TOTAL	**1**	**1**		**343**	**1**	**1**	**1**			**1**	**1**	**1**	**1**	**1**					
DIXIE (None)																			
DUVAL																			
Andrew Jackson	X	X	X	1,207	X	X	X		X	X	X	X	X	X	X				
Ribault High	X		X	1,079	X	X	X				X	X		X	X				
Englewood High	X	X		1,256	X	X	X				X	X		X	X				
Paxon High	X	X	X	930	X	X	X		X	X	X	X		X	X				
Terry Parker	X			1,049	X	X	X			X	X	X		X	X				
TOTAL	**5**	**3**	**3**	**5,521**	**5**	**5**	**5**		**2**	**3**	**5**	**5**	**1**	**5**	**5**				

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DISTRICT & SITE	State Funding Sources applied at site				SERVICES AT SITE													
	FSS Prog Grant	FSS PECO Grant	Comp School Health Grant	Number Students at Site	Child Welfare	Adult Educ	Mental Health	Dental	Child Care/ Pre-K	Econ-omic	Job Place-ment	Social Work	Health	Juvenile Justice/ Law Enforce-ment	Before/ After School	Legal	Family Planning	Trans-porta-tion
ESCAMBIA																		
McMillan Center	X			230		X				X			X					
Hallmark Elem	X			379											X			
Escambia Westgate	X			227											X			
Brentwood Middle	X			866								X	X		X			
Beggs	X			443	X				X			X						
Sid Nelson	X			118		X	X											
TOTAL	6			2,263	1	2	1		1	1		2	2		3			
FLAGLER																		
Flagler Co. FSS	X			2,075	X		X	X	X	X		X	X	X	X			
TOTAL	1			2,075	1		1	1	1	1		1	1	1	1			
FRANKLIN (None)																		
GADSDEN																		
Carter Parramore Mdl		X	X	1,138			X					X	X					
Chattahoochee Elem	X	X		464	X		X						X		X			
Chattahoochee High		X	X	364			X						X					
Greensboro Elem	X	X		511			X	X				X	X		X			
Greensboro High	X	X		369	X		X	X				X	X	X			X	
Gretna Elem	X	X		397			X						X		X			
Havana Elem			X	920			X	X					X		X			
Havana Middle			X	448	X		X						X		X			
Havana Northside Hi			X	385	X		X		X				X	X			X	
Quincy Educ Alter Ctr	X		X	118		X	X		X		X	X	X		X	X		
J A Shanks High	X	X	X	901			X			X	X	X	X	X	X		X	
Stewart Street Elem	X	X		748			X	X					X		X			
St Johns Elem	X	X		457			X						X		X			
G W Munroe Elem	X			918			X						X		X			
Gadsden Adult Ed	X			704		X												
TOTAL	10	9	7	8,842	4	2	14	4	2	1	2	5	14	3	10	1	3	

DISTRICT & SITE	State Funding Sources applied at site			Number Students at Site	SERVICES AT SITE														
	FSS Prog Grant	FSS PECO Grant	Comp School Health Grant		Child Welfare	Adult Educ	Mental Health	Dental	Child Care/ Pre-K	Economic	Job Placement	Social Work	Health	Juvenile Justice/ Law Enforcement	Before/ After School	Legal	Family Planning	Transportation	Tutoring
ESCAMBIA																			
McMillan Center	X			230		X				X			X						
Hallmark Elem	X			379											X				
Escambia Westgate	X			227											X				
Brentwood Middle	X			866								X	X		X				
Beggs	X			443	X				X			X							
Sid Nelson	X			118		X	X												
TOTAL	6			2,263	1	2	1		1	1		2	2		3				
FLAGLER																			
Flagler Co FSS	X			2,075	X		X	X	X	X		X	X	X	X				
TOTAL	1			2,075	1		1	1	1	1		1	1	1	1				
FRANKLIN																			
Carabelle High		X	X									X	X						
Brown Elem		X	X									X	X						
TOTAL		2	2	1,665								2	2						
GADSDEN																			
Carter Parramore Mdl		X	X	1,138			X					X	X						
Chattahoochee Elem	X	X		464	X		X						X		X				
Chattahoochee High		X	X	364			X						X						
Greensboro Elem	X	X		511			X	X				X	X		X				
Greensboro High	X	X		369	X		X	X				X	X	X			X		
Gretna Elem	X	X		397			X						X		X				
Havana Elem			X	920			X	X					X		X				
Havana Middle			X	448	X		X						X		X				
Havana Northside Hi			X	385	X		X		X				X	X			X		
Quincy Educ Alter Ctr	X		X	118		X	X		X		X	X	X		X	X			
J A Shanks High	X	X	X	901			X			X	X	X	X	X	X		X		
Stewart Street Elem	X	X		748			X	X					X		X				
St Johns Elem	X	X		457			X						X		X				
G W Munroe Elem	X			918			X						X		X				
Gadsden Adult Ed	X			704		X													
TOTAL	10	9	7	8,842	4	2	14	4	2	1	2	5	14	3	10	1	3		

DISTRICT & SITE	State Funding Sources applied at site			Number Students at Site	SERVICES AT SITE														
	FSS Prog Grant	FSS PECO Grant	Comp School Health Grant		Child Welfare	Adult Educ	Mental Health	Dental	Child Care/ Pre-K	Economic	Job Placement	Social Work	Health	Juvenile Justice/ Law Enforcement	Before/ After School	Legal	Family Planning	Transportation	Tutoring
GILCHRIST																			
Trenton Elem & High School Shared Campus	X		X	1,407	X	X	X	X	X	X	X	X	X	X	X				
Bell Elem & High School Shared Campus	X	X	X	966	X	X	X	X	X	X	X	X	X	X	X				
TOTAL	**2**	**1**	**2**	**2,373**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**				
GLADES (None)																			
GULF																			
Wewahitchka Elem		X	X	472	X		X	X		X		X	X						
Port St Joe Elem		X	X	511	X		X	X		X		X	X						
Highland View Elem		X	X	174	X		X	X		X		X	X						
Port St Joe Middle		X	X	217	X		X	X		X		X	X	X	X				
Port St Joe High		X	X	392	X	X	X	X	X	X	X	X	X	X	X				
Wewahitchka Jr-Sr Hi		X	X	366	X	X	X	X	X	X	X	X	X	X	X				
TOTAL		**6**	**6**	**2,132**	**6**	**2**	**6**	**6**	**2**	**6**	**2**	**6**	**6**	**3**	**3**				
HAMILTON																			
Centr Hamilton Elem	X	X	X	500	X		X	X				X	X		X				
N Hamilton Elem	X	X	X	450	X	X	X	X				X	X	X	X				
S Hamilton Elem		X	X	287	X	X		X				X	X	X	X				
Hamilton Middle	X	X	X	354	X		X	X				X	X	X	X				
Greenwood School		X	X	46	X		X	X				X	X						
Hamilton Co High		X	X	619	X	X		X	X			X	X	X			X		
TOTAL	**3**	**6**	**6**	**2,256**	**6**	**3**	**4**	**6**	**1**			**6**	**6**	**4**	**4**		**1**		
HARDEE																			
Hardee Jr High	X	X	X	1,205	X	X	X		X	X	X	X	X	X	X				
Hardee Sr High	X		X	1,116	X	X	X		X	X	X	X	X	X					
Zolfo Elem		X	X	655	X		X	X	X	X		X	X		X				
Bowling Green Elem		X	X	535	X		X	X	X	X		X	X						
TOTAL	**2**	**3**	**4**	**3,511**	**4**	**2**	**4**	**2**	**4**	**4**	**2**	**4**	**4**	**2**	**2**				

DISTRICT & SITE	State Funding Sources applied at site			Number Students at Site	SERVICES AT SITE														
	FSS Prog Grant	FSS PECO Grant	Comp School Health Grant		Child Welfare	Adult Educ	Mental Health	Dental	Child Care/ Pre-K	Economic	Job Placement	Social Work	Health	Juvenile Justice/ Law Enforcement	Before/ After School	Legal	Family Planning	Transportation	Tutoring
HENDRY																			
Labelle Middle	X			25			X				X	X	X	X					
Clewiston Middle	X			25			X				X	X	X	X					
TOTAL	2			50			2				2	2	2	2					
HERNANDO																			
Robert R. Moton Early Interven Ctr	X	X		210	X	X	X	X	X	X			X	X	X		X		
TOTAL	1	1		210	1	1	1	1	1	1			1	1	1		1		
HIGHLANDS																			
Fred Wild Elem	X	X	X	607	X		X			X		X	X		X				
Avon Elem	X	X	X	587	X		X			X		X	X						
TOTAL	2	2	2	1,194	2		2			2		2	2		1				
HILLSBOROUGH																			
Blake/Just	X	X		1,272	X	X		X		X	X	X	X		X		X		
DeSoto	X	X		388	X	X	X		X			X	X			X	X		
Dowdell	X			855			X			X		X	X						
Caminiti	X	X		217			X					X	X		X				
Lee Davis	X	X			X	X	X	X		X	X	X	X		X		X		
Oak Park	X	X		713		X	X			X		X	X						
Palm River	X			848			X			X		X	X		X				
Sulphur Springs	X			923	X	X	X			X	X	X	X		X		X		
Plant City	X	X	X	2,050	X	X	X		X	X	X	X	X						
SERVE	X																		
TOTAL	10	6	1	7,266	5	6	8	2	2	7	4	9	9		5	1	4		
HOLMES																			
Bonifay Elem		X	X	859									X						
Ponce de Leon Elem		X	X	420									X						
Bethlehem Unit (PK-12)		X	X	644									X						
Poplar Springs Unit		X	X	389									X						
Bonifay Middle		X	X	417									X						
Holmes High		X	X	496									X						
Ponce de Leon High		X	X	444									X						
TOTAL		7	7	3,669									7						

DISTRICT & SITE	State Funding Sources applied at site			Number Students at Site	SERVICES AT SITE														
	FSS Prog Grant	FSS PECO Grant	Comp School Health Grant		Child Welfare	Adult Educ	Mental Health	Dental	Child Care/Pre-K	Economic	Job Placement	Social Work	Health	Juvenile Justice/Law Enforcement	Before/After School	Legal	Family Planning	Transportation	Tutoring
INDIAN RIVER																			
Beachland Elem	X			430	X	X	X	X				X	X		X				
Dodgertown Elem	X			485	X	X	X	X	X			X	X		X				
Fellsmere Elem			X	589	X	X	X	X				X	X		X				
Glendale Elem	X			636	X	X	X	X				X	X		X				
Highlands Elem	X			473	X	X	X	X	X			X	X		X				
Thompson Elem	X			494	X	X	X	X	X			X	X		X				
Gifford Middle Six	X			692	X	X	X	X				X	X		X				
Rosewood Elem	X			444	X	X	X	X				X	X		X				
Sebastian Elem	X			760	X	X	X	X				X	X		X				
Osceola Magnet	X			553	X	X	X	X					X		X				
TOTAL	9		1	5,556	10	10	10	10	3			9	10		10				
JACKSON																			
Marianna High FSC	X	X		865					X										
TOTAL	1	1		865					1										
JEFFERSON																			
Jefferson Elem	X	X	X	950									X		X				
TOTAL	1	1	1	950									1		1				
LAFAYETTE (None)																			
LAKE (None)																			
LEE (None)																			
LEON																			
Rickards High	X	X		1,562	X	X	X		X		X	X	X	X		X	X		
Hartsfield Elem	X	X		498	X				X						X				
Riley Elem			X	489	X	X						X	X	X	X		X		
Griffin Middle		X	X	824									X	X					
Godby High			X	1,738									X	X			X		
Nims Middle	X	X		742		X								X	X				
Chaires Elem		X		884									X						
TOTAL	3	5	3	6,737	3	3	1		2		1	2	5	5	3	1	3		

DISTRICT & SITE	State Funding Sources applied at site			Number Students at Site	SERVICES AT SITE														
	FSS Prog Grant	FSS PECO Grant	Comp School Health Grant		Child Welfare	Adult Educ	Mental Health	Dental	Child Care/Pre-K	Economic	Job Placement	Social Work	Health	Juvenile Justice/Law Enforcement	Before/After School	Legal	Family Planning	Transportation	Tutoring
LEVY																			
Life Line-Williston Mdl	X	X		480			X			X		X	X	X					
Elem/Middle/High - Chiefland Schools			X	1,724			X					X	X	X					
TOTAL	1	1	1	2,204			2			1		2	2	2					
LIBERTY																			
Bristol Elem	X	X		447			X	X				X	X						
Hosford School	X	X		226			X	X				X	X						
Liberty County High	X	X		495	X		X	X				X	X						
TOTAL	3	3		1,168	1		3	3				3	3						
MADISON																			
Madison Co. High	X			12															
Madison Primary	X			56															
Greenville Middle		X			X		X					X		X					
TOTAL	2	1		68	1		1					1		1					
MANATEE																			
Daughtrey				600								X	X	X	X				
Harlee Middle		X		600	X								X	X	X				
Samoset Elem	X	X		50	X	X			X			X	X	X	X				
Tillman Elem	X	X			X	X			X			X	X		X				
S.County Service Ctr					X							X							
TOTAL	2	3		1,250	4	2			2			4	4	3	4				
MARION (None)																			
MARTIN (None)																			

DISTRICT & SITE	State Funding Sources applied at site			Number Students at Site	SERVICES AT SITE														
	FSS Prog Grant	FSS PECO Grant	Comp School Health Grant		Child Welfare	Adult Educ	Mental Health	Dental	Child Care/PreK	Economic	Job Placement	Social Work	Health	Juvenile Justice/Law Enforcement	Before/After School	Legal	Family Planning	Transportation	Tutoring
MONROE																			
Key West High	X	X	X	1,162	X	X	X		X	X	X		X	X	X				
Horace O'Bryant	X	X	X	877	X		X			X			X	X	X				
Gerald Adams Elem	X	X	X	504	X				X	X			X	X	X				
Glynn Archer Elem	X			462	X				X	X				X	X				
Poinciana Elem	X			616	X				X	X				X	X				
Sigsbee Elem	X			419	X				X	X				X	X				
MAy Sands Ex Ctr	X			85	X		X			X				X					
Sugar Loaf Elem	X			887	X		X		X	X				X	X				
Marathon High	X			570	X	X	X			X	X			X	X				
Switlik Elem	X			760	X				X	X				X	X				
Plantation Key Elem	X			723	X		X			X				X					
Key Largo Elem	X			1,201	X		X		X	X				X	X				
Coral Shores High	X			634	X	X	X			X	X			X	X				
TOTAL	13	3	3	8,900	13	3	8		8	13	3	13	3	13	11				
NASSAU																			
Yulee Elem		X	X	611	X	X	X	X		X	X	X	X						
TOTAL		1	1	611	1	1	1	1		1	1	1	1						
OKALOOSA																			
Wright Elem				753	X	X	X	X	X	X		X	X	X	X			X	
Ocean City Elem				673	X	X	X	X		X		X	X		X			X	
Southside Elem				639	X		X	X	X	X	X	X	X					X	
Richbourg Middle				1,380	X	X	X	X		X	X	X	X	X	X			X	
TOTAL				3,445	4	3	4	4	2	4	2	4	4	2	3			4	
OKEECHOBEE																			
Okeechobee high	X	X	X	1,645			X				X		X	X					
Yearling Middle	X	X	X	999			X				X		X	X					
Central Elem		X	X	527									X						
Everglades Elem			X	781									X						
North Elem			X	767									X						
Seminole Elem			X	710									X						
South Elem		X	X	583									X						
TOTAL	2	4	7	6,012			2				2		7	2					

DISTRICT & SITE	State Funding Sources applied at site			Number Students at Site	SERVICES AT SITE														
	FSS Prog Grant	FSS PECO Grant	Comp School Health Grant		Child Welfare	Adult Educ	Mental Health	Dental	Child Care/ Pre-K	Economic	Job Placement	Social Work	Health	Juvenile Justice/ Law Enforcement	Before/ After School	Legal	Family Planning	Transportation	Tutoring
ORANGE																			
Apopka Family Service Ctr	X	X		2,925	X		X			X		X	X		X				
Evans FSC	X	X		3,043	X		X			X	X	X	X	X	X				
Westside FSC	X	X		2,500	X		X			X		X			X				
Wymore FSC	X	X		429	X	X	X		X	X		X	X		X				
TOTAL	**4**	**4**		**8,897**	**4**	**1**	**4**		**1**	**4**	**1**	**4**	**3**	**1**	**4**				
OSCEOLA																			
Technical Education Ctr - Family Resource Ctr		X		2,488	X	X	X		X	X	X	X	X	X	X				
Highlands Elem		X		876															
TOTAL		**2**		**3,364**	**1**	**1**	**1**		**1**	**1**	**1**	**1**	**1**	**1**	**1**				
PALM BEACH																			
Delray FSC	X			1,150		X	X	X	X		X	X	X	X	X	X			
Glades Central	X	X		1,700		X	X	X	X				X	X	X	X			
TOTAL	**2**	**1**		**2,850**		**2**	**2**	**2**	**2**		**1**	**1**	**2**	**1**	**2**	**2**			
PASCO																			
Hudson High (3 schools on campus) HHS, HMS, NWES	X	X	X	3,125	X	X	X	X	X	X		X	X	X	X		X		
Land O'Lakes High		X	X	1,454	X	X	X		X	X		X	X				X		
Cox Elem		X		403	X	X	X	X		X	X	X	X						
Mary E. Giella Elem		X		613	X		X					X	X						
TOTAL	**1**	**4**	**2**	**5,595**	**4**	**3**	**4**	**2**	**2**	**3**	**1**	**4**	**4**	**1**	**1**		**2**		

DISTRICT & SITE	State Funding Sources applied at site				SERVICES AT SITE															
	FSS Prog Grant	FSS PECO Grant	Comp School Health Grant	Number Students at Site	Child Welfare	Adult Educ	Mental Health	Dental	Child Care/ PreK	Economic	Job Placement	Social Work	Health	Juvenile Justice/ Law Enforcement	Before/ After School	Legal	Family Planning	Transportation	Tutoring
PINELLAS																			
Northeast High	X	X	X	1,992	X	X	X		X	X	X	X	X	X	X				
Sixteenth St Middle	X		X	1,441	X	X	X		X			X	X	X					
Perkins Elem	X	X		592	X	X	X		X			X			X				
PTEC-Clearwater		X		3,781	X	X			X	X	X	X	X	X					
PTEC-St Petersburg	X	X		3,052	X	X			X	X	X	X	X	X		X			
Tarpon Springs High			X	1,693	X	X	X		X	X	X	X	X						
Tarpon Springs Mdl			X	1,313	X		X		X			X	X		X				
Sunset Hills Elem			X	487	X		X					X	X		X				
Tarpon Springs Elem			X	673	X		X					X	X		X				
Boca Ciega High			X	1,980	X		X					X	X						
Shore Acres Elem			X	715	X		X		X			X	X		X				
Gulfport Elem			X	436	X		X		X			X	X		X				
Dixie Hollins High	X			1,784	X	X	X			X	X	X		X					
TOTAL	5	4	9	19,939	13	7	11		9	5	5	13	11	5	7	1			
POLK																			
Blake Elem	X	X		710	X		X		X			X	X		X				
Winston Elem	X			700	X		X		X			X	X		X				
Jesse Keen Elem	X			620	X		X		X			X	X						
Dundee Elem	X			660	X	X	X		X			X	X		X				
Eastside Elem	X	X		730	X	X	X		X			X	X		X				
Loughman Oaks El	X			730	X	X	X		X			X	X		X				
Gibbons Street Elem	X	X		338	X		X		X			X	X		X				
TOTAL	7	3		4,488	7	3	7		7			7	7		6				
PUTNAM																			
Miller Intermediate	X	X		527	X	X	X			X		X	X	X	X				
Interlachen Elem	X	X		949	X					X		X	X		X		X		
TOTAL	2	2		1,476	2	1	1			2		2	2	1	2		1		
ST. JOHNS																			
St Augustine Tech Ctr Family Resource Ct	X	X		2,780	X	X	X		X		X		X						
Mill Creek Elem	X	X	X	537	X	X	X			X		X	X		X				
TOTAL	2	2	1	3,317	2	2	2		1	1	1	1	2		1				

DISTRICT & SITE	State Funding Sources applied at site			Number Students at Site	SERVICES AT SITE														
	FSS Prog Grant	FSS PECO Grant	Comp School Health Grant		Child Welfare	Adult Educ	Mental Health	Dental	Child Care/PreK	Economic	Job Placement	Social Work	Health	Juvenile Justice/Law Enforcement	Before/After School	Legal	Family Planning	Transportation	Tutoring
ST. LUCIE																			
Ft. Pierce Elem	X	X		787	X	X	X		X	X		X	X						
Windmill Pt. Elem	X	X		797	X		X			X		X	X						
TOTAL	2	2		1,584	2	1	2		1	2		2	2						
SANTA ROSA																			
Holley-Navarre	X		X	1,636	X	X	X			X	X	X	X	X	X				
Locklin Technical Ctr/ Santa Rosa Adult	X	X		1,002	X	X	X		X		X	X	X	X					
Milton High	X	X		1,585	X		X		X		X			X	X				
East Milton Elem	X	X		706	X	X	X				X	X	X	X	X				
Oriole Beach Elem	X			860	X		X		X			X	X	X	X				
Jay Elem & Jay High	X	X		925	X	X	X		X		X	X	X	X	X				
S.S. Dixon Prim & Int	X			1,423									X	X	X				
T.R. Jackson Elem				240	X	X	X				X		X	X	X				
Rhodes Elem		X		1,001	X	X	X						X	X	X				
Bagdad Elem		X		553	X	X	X						X	X	X				
Hobbs Middle				661	X		X				X	X	X	X					
TOTAL	7	6	1	10,592	10	7	10		4	1	7	6	10	11	9				
SARASOTA																			
Booker Elem	X	X	X	1,128	X	X	X	X	X	X	X	X	X	X	X	X	X		
Gocio Elem			X	747									X						
Tuttle Elem			X	1,089									X						
TOTAL	1	1	3	2,964	1	1	1	1	1	1	1	1	3	1	1	1	1		
SEMINOLE																			
Crooms Academy	X	X		500	X	X	X	X	X	X		X	X		X		X		
Seminole High	X	X		2,300			X				X	X		X					
Midway Elem	X	X		500		X	X	X	X			X	X		X				
Geneva Elem	X	X		700		X	X	X	X			X	X	X	X				
Lakeview Mdl	X	X		1,100			X					X	X		X				
Sanford Mdl	X			1,100			X					X			X				
TOTAL	6	5		6,200	1	3	6	3	3	1	1	6	4	2	5		1		
SUMTER (None)																			

DISTRICT & SITE	State Funding Sources applied at site			Number Students at Site	SERVICES AT SITE														
	FSS Prog Grant	FSS PECO Grant	Comp School Health Grant		Child Welfare	Adult Educ	Mental Health	Dental	Child Care/Pre-K	Economic	Job Placement	Social Work	Health	Juvenile Justice/Law Enforcement	Before/After School	Legal	Family Planning	Transportation	Tutoring
SUWANNEE																			
Douglass Center	X			382											X				
TOTAL	1			382											1				
TAYLOR																			
Taylor Middle	X		X	800	X		X					X	X	X	X				
Steinhatchee		X		200		X	X				X	X	X		X				
TOTAL	1	1	1	1,000	1	1	2				1	2	2	1	2				
UNION																			
Family Service Ctr		X			X	X	X			X		X	X	X					
TOTAL		1			1	1	1			1		1	1	1					
VOLUSIA																			
Deland High		X	X	2,080					X			X	X						
Southwestern Mdl		X	X	519									X		X				
Starke Elem		X	X	449									X		X				
Deltona High	X	X		1,858									X						
Taylor Mdl/Sr		X		752									X						
VIPS Project	X			10,000		X							X						
Campbell Mdl		X		1,229									X						
Riverview/Euclid		X		125			X					X							
Deltona Mdl	X			1,480			X					X		X					
Cypress St. Rec	X			300											X				
Mainland High		X		1,643			X					X	X						
TOTAL	4	8	3	20,435		1	3		1			4	8	1	3				
WAKULLA																			
Wakulla High		X	X	1,100	X		X		X			X	X		X		X		
TOTAL		1	1	1,100	1		1		1			1	1		1		1		

DISTRICT & SITE	State Funding Sources applied at site			Number Students at Site	SERVICES AT SITE														
	FSS Prog Grant	FSS PECO Grant	Comp School Health Grant		Child Welfare	Adult Educ	Mental Health	Dental	Child Care/ Pre-K	Economic	Job Placement	Social Work	Health	Juvenile Justice/ Law Enforcement	Before/ After School	Legal	Family Planning	Transportation	Tutoring
WALTON																			
M Saunders Elem	X	X		75	X		X			X		X	X		X		X		
W Defuniak Elem	X			100	X		X			X		X	X		X		X		
Freeport High	X	X		45	X		X			X		X	X		X		X		
Bay Elem				40	X	X	X			X		X	X		X		X		
Paxton High				40	X	X	X			X		X	X		X		X		
Walton Vocational	X	X		218		X	X		X	X	X	X	X				X		
TOTAL	4	3		518	5	3	6		1	6	1	6	6		5		6		
WASHINGTON (None)																			
FSU SCHOOL	X	X		962	X	X	X			X	X	X	X	X	X				
TOTAL	1	1		962	1	1	1			1	1	1	1	1	1				
USF SCHOOL (None)																			
GRAND TOTAL	158	154	97	226,571	170	107	188	64	101	101	63	190	217	105	146	15	35	17	

Job Description: Full Service Schools Program Manager

An individual recruited, selected and employed by a host agency to coordinate the collaborative process and development of the Full Service School program.

TITLE: **Program Manager (or Coordinator)**

QUALIFICATIONS:

1. Master's degree or higher from an accredited institution
2. Currently hold or eligible for certificate in at least one area of education and certification in administration supervision or educational leadership
3. Five years of experience in education
   -OR-
   Comparable experience in social/human services if host agency is other than a school system

REPORTS TO: Host agency designee and local governance structure body

SUPERVISES: As assigned

JOB GOALS:

- To provide leadership for, coordinate and direct the planning, developing, implementing, and evaluating of the functions and services of the Full Service Schools program.
- To collaborate with key community leaders/people to maximize existing resources by building an infrastructure supporting the mission of a continuum of service for children and families at Full Service School sites and within the community.

ESSENTIAL FUNCTIONS:

General

- Assists in the interpretation and implementation of applicable district, state and federal policies, laws, and regulations to staff personnel, agencies and school sites
- Provides appropriate information to the assistant superintendent or other personnel
- Develops, recommends and administers assigned department budget
- Recommends and directs committees as needed or assigned
- Assists in the planning and implementation of staff development programs
- Prepares appropriate administrative reports
- Provides own method of transportation when required to various locations
- Prepares and presents oral and written reports to the public and the school system
- Keeps abreast, on a systematic basis, of new trends and publications
- Participates in appropriate activities for continued professional growth
- Assumes responsibility to maintain a valid teacher's certificate
- Facilitates alliances and partnerships with state/county/city agencies and private organizations to establish a continuum of services for students and families at Full Service School sites.
- Serves as a liaison with state/county/city/community and neighborhood governing bodies.
- Establish linkages with faith communities, community agencies (health, social financial, etc.) educational institutions (elementary through high school, community colleges, universities.)

- Establish linkages with local policy-makers, legislators, businesses, etc.
- Establish linkages with health providers (hospitals, clinics, other health care settings, long term, home, preventive and wellness).
- Performs other duties as assigned

Specific Responsibilities

- Initiates, evaluates, and coordinates the development and implementation of the district full service schools program
- Serves as liaison and maintains organizational responsibilities with community agencies
- Develops procedures and policies for the Full Service Schools Department
- Prepares additional proposals for supplemental funding
- Maintains records of program development
- Advises on the development of the Project Vision database
- Develops, analyzes and evaluates assessment instruments
- Advises on job announcements, job descriptions, selection criteria and placement of personnel
- Participates on local and state committees related to the Full Service Schools initiative

LENGTH OF EMPLOYMENT: Twelve month contract

SALARY: Based on the adopted salary schedule for administrative personnel

EVALUATION: Annual evaluation by the Assistant Superintendent for Instruction in accordance with local policies and state laws

ENVIRONMENTAL: Activities occur inside and outside; subject to indoor and outdoor environmental conditions

EQUIPMENT: Audio-visual equipment, instructional computers, multimedia presentation tools

SUPERVISION CONTROL: Is personally responsible for satisfying all of the above-referenced essential functions with minimal supervision.

Date of completion: ______
Name: ______
Address: ______
Phone/Fax: ______

Demographic Survey

Data	Source and Date
I. Community status: rural, urban, suburban, mixture ______	
II. Geographic barriers: describe physical barriers to service delivery (isolated farm lands, two large bodies of water that create transportation barriers, thirty miles to existing social service, dense population, etc.). ______ ______ ______ ______	
III. Key Facts About Children	
1. Number of children younger than 18 years ______	
2. Percentage of total population younger than 18 years ______	
3. Percentage of children living in • two-parent households ______ • single-parent households ______ • households headed by someone other than a parent ______	
4. Ethnicity: • percentage of children who are white ______ • percentage of children who are black ______ • percentage of children who are mixed race ______ • percentage of children who are of Oriental heritage ______ • other significant groups ______	
5. Ages • number of children under 1 year of age ______ • number of children between 1 and 5 years of age ______ • number of children between 5 and 10 years of age ______ • number of children in other significant age groups ______	
IV. Community Descriptors	
1. Population (number) ______ Political description (Ex. 80,000 in urban county) ______ ______	
2. Percentage at or below poverty level as determined by latest census or other reliable source ______	
3. Principal employers (include names, types of industry, number of employed in each) ______ ______ ______ ______	

4. Percentage of unemployed ______

5. Crime rate:
- felonies per thousand adult population ______
- misdemeanors per thousand adult population ______
- felonies per thousand juvenile population ______
- misdemeanors per thousand juvenile population ______
- other relevant data ______________________________

6. Divorce rate ______
Number of single heads-of-household ______

7. Number of runaways ______

8. Evidence of domestic violence
- no. of abuse complaints involving domestic violence _____
- number of arrests for domestic violence ______

9. Number of low-income single parents (families earning less than $X per year) ______

10. Identity of interagency councils already in place
______________________ ______________________
______________________ ______________________
______________________ ______________________
______________________ ______________________

11. Evidence of special programs designed to meet the needs of families
____
____
____

12. Evidence of community collaboration
____
____
____

V. Specific information on population

1. Rate of incidence for at-risk behaviors, e.g., alcohol/drug abuse, smoking, percentage of children younger than eighteen who indicate use of alcohol or cigarettes in the last 18 months) _________

2. Infant deaths (number per thousand) _________
Low birthweight babies (number per thousand) ________

3. Juvenile crime statistics, particularly early onset numbers
________________________________ __________
________________________________ __________
________________________________ __________

4. Availability of services provided by social service agencies (Target specific agencies and request caseload information.)
- number of families receiving abuse /neglect intervention services _________
- number of families receiving economic assistance ______
- ________________________________ __________
- ________________________________ __________

5. Number of single heads-of-household ________

6. Health problems (list types of most prevalent problems)

____

____

____

____

7. Mental health statistics

____

____

____

8. Teen pregnancy rate ________

9. Criminal activity of parents
- number of parents of students from a school site arrested for a misdemeanor or felony during the previous year ______
- ______________________ ________
- ______________________ ________

10. Behavioral survey information such as violence and suicide indicators, levels of physical activity, substance abuse, diet and weight indicators, sexual activity, accidents and injuries

____

____

____

VI. School-Based Information:

1. Dropout rate ________

2. Rate of suspension/expulsion ________

3. Absentee rate ________

4. Rate of in-school suspensions ________

5. Percentage of students on free/reduced lunch ________

6. Percentage of students in counseling services ________

7. Behavioral problems at school that persist in spite of normal interventions (description of problems persisting with any relevant numbers)
- ______________________ ________
- ______________________ ________
- ______________________ ________

8. Number of students retained in one or more grade levels ________

9. Number of students who are academically underachieving (may be based on teacher perception) ________

10. Number of students who are Limited English Proficient (have difficulty communicating effectively in the English language) _________	
11. Learning and behavior problems (What types are common and how many students are served in special programs dealing with each classification?) • _______________________________ _________ • _______________________________ _________ • _______________________________ _________	
12. Number of students with handicapping conditions: physical _________ emotional _________ learning _________ ______________ _________	
13. Rate of parental involvement (measured by parent attendance at parent/teacher conferences, parent organization roles, volunteer hours, etc.) • _______________________________ _________ • _______________________________ _________ • _______________________________ _________	
14. Evidence of community involvement (such as business partnerships, mentors or tutors, etc.) ____ ____ ____	
15. Evidence of special programs in place to meet needs of targeted groups of students and/or families ____ ____ ____	
16. Evidence of problem-solving teams in place for joint decision making to deal with special problems the school is facing, e.g., gang intervention programs, suicide prevention team ____ ____ ____	
VII. Mitigating Factors That Influence Major Decisions	
1. Population growth _________	
2. Rate of migration _________	
3. Immigration _________	
4. Homelessness _________	
5. Other societal factors _________	

Date of completion:______________
Name: __________________
Address: _________________
Phone/Fax: _______________

Community Service Inventory

1. **Assessment services** may be defined as diagnostic and evaluative. Assessments usually involve a professional determination of the nature of a child's or a family's problems and a consideration of the strengths and weaknesses of the child and his or her family environment. Assessments may be conducted to determine eligibility for a particular program and/or to develop a plan of services to be provided. These may be conducted for a single program or in a multi-program environment.

Category	Service Available?		Source (e.g., agency, school, program or support group)
	Yes	No	
Behavioral			
Psychiatric			
Psychological Educational			
Psychological			
Social			
Social/Family			
Other			

2. **Child welfare** services are provided to students and their families to assist and support the family unit. Supportive services, such as financial assistance and protective supervision, assist the child to remain within the home. When the family is so stressed that it cannot remain intact, substitute services may be provided. Respite care may be considered a child welfare service or a mental health service, depending on the level of focus of the service provided.

Category	Service Available?		Source
	Yes	No	
Supportive Services			
Child advocacy			
Crisis intervention			
Flexible funding, e.g., housing deposits			
Food & clothing banks			
Home services, e.g., homemaker, housekeeper			
Housing			
Interagency case management			
Nonresidential runaway services			
Parent effectiveness training and support groups			
Parent training			
Protective supervision for child abuse and neglect cases			
Voluntary family services			
Substitute Care Services			
Adoption services			
Economic services (*e.g.*, food stamps, AFDC)			
Emergency shelter services			

Family group homes			
Foster care			
Independent living services			
Pregnancy & parenting for teenage students			
Runaway shelter			
Other			

3. **Educational services** are intended to provide knowledge and socialization skills development for students. By law, all students are entitled to free and appropriate public education. Students with emotional and behavioral problems may require special services to help them obtain an education.

	Service Available?		
Category	**Yes**	**No**	**Source**
Adult GED classes (Graduation Equivalency Diploma)			
Adult Basic Education			
Alternative schools and programs			
Child care, weekends, intersessions, summer			
Child care, pre-kindergarten disadvantaged			
Child care, pre-kindergarten handicapped			
Child care for adult sessions			
Child-care, extended day (before, after school)			
Community service programs			
Community education			
Computerized literacy center			
Curriculum development and improvement			
Dropout prevention programs			
Educational homework help			
Educational guidance counseling			
Exceptional Education			
Field trips			
Guest speakers			
Head Start or pre-kindergarten program			
Home-bound instruction			
Hospital instruction			
Inservice training for agency personnel			
Inservice training for school personnel			
Integration of technology into the curriculum			
Intergenerational programs			
Mentoring			
Migrant Education			

Parents as teachers programs			
Participation incentives			
Resource rooms with check-out educational materials			
Scholarships			
Self-contained classrooms for exceptional students			
Special day school			
Summer camps			
Support & training for childcare staff			
Teenage parenting programs			
Tutoring			
University and community college coursework			
Other			

4. **Health services** are those activities that involve the detection and treatment of physical impairments or damage to the body. Included are routine physical examinations and follow-up care as well as pre-and postnatal care of pregnant teenagers and treatment of sexually transmitted diseases. Health services may include:

Category	Service Available?		Source
	Yes	No	
Acute care (spinal cord & head injury)			
Birth control			
Chronic disease			
Dental checkups			
Dental services			
EPSDT screening & assessment (Early Periodic Screening, Diagnosis & treatment required for Medicaid)			
Health education			
Health support aide services			
Health counseling			
Laboratory services			
Learning disability assessment			
Medical and physical examinations			
Neurological testing			
Nursing/Advanced registered nurse practitioner(ARNP) services			
Nutrition counseling and services			
Physical disability testing			
Physical restoration			
Physician services			
Pregnancy screening			
Prenatal and postpartum care			

Primary care			
Program eligibility for additional health service			
Screening and treatment of sexually transmitted diseases			
Speech & language assessment			
Substance abuse screening			
Treatment for drug & alcohol abuse			
Treatment of eating disorders			
Vision & auditory evaluation			
Other			

5. **Juvenile justice services** include a range of service options in response to offenses committed by juveniles. The services described here fall into two general categories: diversionary and non-residential. Other services provided that are not listed here range from supervision within the geographic area to detention and other residential programs. Residential and non-residential services may be provided at the discretion of a staff member; most are stipulated by a court.

Category	**Service Available?**		**Source**
	Yes	**No**	
Diversionary Services			
After-school programs			
Alternative Education Programs			
Child care			
Individual, family & group counseling			
In-home counseling			
Credit counseling			
Crisis line			
Drop-out prevention programs			
Drug prevention			
Drug treatment			
Educational/vocational financial assistance			
Health services			
In-school suspension			
Job training			
Job counseling			
Job placement			
Literacy programs			
Parent information/education programs			
Pregnancy prevention programs			
Public transportation			
Recreational programs			
Resource directories			
Respite care			
Runaway services			

Teenline services			
Teen parenting programs			
Truancy intervention			
Tutoring			
Other			
Nonresidential services			
Assessment centers (drop-off sites for law enforcement officers, processing, evaluation for psychological, education and other services)			
Delinquency intervention services			
Halfway house			
Nonjudicial diversion—alternative to the judicial system involving some form of community control			
Non-secure detention			
Post-commitment services—transition and support services			
Residential services			
Secure detention			
Special intensive group prevention services			
Students re-entering society from the judicial system			
Training school			
Other			

6. **Mental Health services** encompass a broad range of residential and nonresidential programs and services directed toward treating and resolving students' and family members' emotional problems. Mental health services can be divided into seven major categories.

Category	Service Available?		Source
	Yes	No	
Early Identification & Intervention Services			
Family counseling			
Guidance counseling			
Mental health counseling through licensed clinical social workers			
Peer counseling			
Screening services			
Self-help and support groups			
Student assistance teams			
Other			
Community-Based Therapeutic Services			
Contracted behavioral support			
Day treatment programs			

Home-based services			
Out-of-home respite care			
Outpatient therapy services, adult			
Outpatient therapy services, student			
Outpatient therapy services, family			
Purchased therapy services			
Purchased individual services			
Respite care in home			
Specialized treatment, office			
Therapeutic after-school care			
Other			
Emergency Services			
Crisis telephone lines			
Crisis intervention in the home			
Developmental services, student			
Developmental services, adult			
Emergency services			
Psychiatric emergency response services			
Other			
Independent Residential Services			
Independent residential home			
Semi-independent living			
Therapeutic group care			
Therapeutic foster care			
Other			
Therapeutic Residential Camp Services			
Residential treatment centers			
Wilderness camps			
Other			
Crisis Residential Services			
Crisis stabilization			
Other			
Inpatient Hospitalization			
Forensic hospital			
Inpatient hospitalization			
Short-term inpatient hospitalization			
Specialty hospital			
Other			

7. **Operational services** include services which are the infrastructure of the full service school. These services span the boundaries of other domains. Included in this domain are case management, advocacy, self-help and support, transportation, legal services, and volunteer services.

Category	Service Available?		Source
	Yes	No	
Planning			
Bureaucratic changes			
District or region-based coordinators			
Evaluation coordinator			
Family resource coordinator			
Family services planning teams			
Individual education plan (IEP) committee			
School-based coordinator			
School-based child care teams (multi-agency intervention teams)			
Transition case-planning committee			
Other			
Case Management			
Coordination with mental health services			
Coordination with delinquency services			
Coordination of health services			
Family services planning team			
Medically complex staffing			
Multi-disciplinary full team staffing			
Multiple handicap assessment			
Service plan assessment			
Targeted case management			
Other			
Other Support			
Advocacy			
Baby-sitting co-ops			
Community advisory group			
Hot-line (information referral)			
Information dissemination			
Legal services			
Self-help and support			
Transportation			
Volunteer services			
Other			

8. **Prevention services** include those actions taken to prevent mental illness and health or education problems. Prevention services include activities and education efforts which promote physical health and positive mental health or reduce the incidence of illness. Early identification of problems and early intervention are also considered prevention services.

	Service Available?		
Category	Yes	No	Source
Abuse and neglect prevention			
Delinquency prevention			
Dropout prevention			
Health education & disease prevention			
Injury prevention			
Intergenerational programs			
Runaway prevention screening			
School–based substance abuse prevention			
Supplementary services to classroom education			
Training and consultation by health professionals			
Other			

9. **Recreational services** for students and adults include age-appropriate formal and informal interactions or amusement activities with peers and adults. Recreational activities provide youngsters and adults with important social skills and interpersonal activities.

	Service Available?		
Category	Yes	No	Source
Child care, extended day (before & after school)			
Child care, weekends, intersessions, summer			
Enrichment & talent development, family			
Enrichment & talent development, parent			
Enrichment & talent development, student			
Special Projects			
Summer camps			
Teen activity club			
Youth center			
Other			

10. **Vocational services** are services designed to assist youth and their families with or without disabilities to move from education to employment. These services include the development of skills in career selection, job finding, job retention, and specific technical skills needed for job accomplishment.

	Service Available?		
Category	Yes	No	Source
Agricultural education, adult			
Agricultural education, student			
Business education, student			

Business education, adult			
Career education, adult			
Career education, student			
Home economics, student			
Home economics, adult			
Job find, placement & retention, adult			
Job find, placement & retention, student			
Job–seeking skills training, adult			
Job–seeking skills training, student			
Life skills training, student			
Life skills training, adult			
Occupational testing, adult			
Occupational testing, student			
Part–time job development			
Summer employment			
Supported employment, student			
Supported employment, adult			
Technological education, student			
Technological education, adult			
Vocational skills training, adult			
Vocational skills training, student			
Vocational adjustment, adult			
Vocational adjustment, student			
Vocational testing, student			
Vocational testing, adult			
Work experience, student			
Other			

11. **Community resources** are those local institutions found within a community setting that are already established and providing services to the general public. Linkages with the resources may provide opportunities for families such as educational and recreational activities, family educational experiences, and additional support services on or near the school site.

	Service Available?		
Category	**Yes**	**No**	**from Agency**
Business organizations. List:			
Children's services councils. List:			
City government			

Civic organizations. List:			
Community colleges			
Community organizations (Kiwanis, Optimist, Lions, American Legion, etc.). List:			
County government			
Creative resources (artists, musicians, architects, historical society, Audubon society, etc.). List:			
Hospitals			
Libraries			
Parks			
Police			
Special populations (youth groups, senior groups, people with disabilities, welfare recipients). List:			
Universities			

Community Needs Assessment • Key Informant Survey [35]

Please complete and return within 5 days

A. NEEDS

Keeping in mind both the need itself and the degree to which that need is being met, please CIRCLE ONE NUMBER IN EACH ROW to indicate how serious you feel each need is in your community.

BASIC MATERIAL/FINANCIAL NEEDS	Not Serious	Not Very Serious	Somewhat Serious	Very Serious	Don't Know
1. Housing payment assistance	1	2	3	4	9
2. Food	1	2	3	4	9
3. Clothing or furniture	1	2	3	4	9
4. Utility assistance	1	2	3	4	9

HOUSING	Not Serious	Not Very Serious	Somewhat Serious	Very Serious	Don't Know
5. Available housing $300 per month or less	1	2	3	4	9
6. Low or no cost repair (elderly)	1	2	3	4	9
7. Low or no cost repair (other)	1	2	3	4	9

EMPLOYMENT	Not Serious	Not Very Serious	Somewhat Serious	Very Serious	Don't Know
8. Basic skills for employability	1	2	3	4	9
9. Employment training/placement	1	2	3	4	9
10. Availability of full-time jobs	1	2	3	4	9
11. Availability of day labor	1	2	3	4	9
12. Sheltered workshops	1	2	3	4	9
13. Vocational skills	1	2	3	4	9

CHILD CARE	Not Serious	Not Very Serious	Somewhat Serious	Very Serious	Don't Know
14. Infant/preschool all day	1	2	3	4	9
15. After school	1	2	3	4	9
16. Weekends/off hours	1	2	3	4	9
17. Sliding scale fee pay	1	2	3	4	9

RECREATIONAL/CULTURAL ACTIVITIES	Not Serious	Not Very Serious	Somewhat Serious	Very Serious	Don't Know
18. Low or no cost family activities	1	2	3	4	9
19. Youth enrichment or development	1	2	3	4	9
20. Neighborhood available programs	1	2	3	4	9

EDUCATION	Not Serious	Not Very Serious	Somewhat Serious	Very Serious	Don't Know
21. Achievement of basic high school competency	1	2	3	4	9
22. Adult literacy	1	2	3	4	9
23. Vocational training (schools)	1	2	3	4	9
24. Truancy/dropout prevention	1	2	3	4	9

PHYSICAL HEALTH	Not Serious	Not Very Serious	Somewhat Serious	Very Serious	Don't Know
25. Affordable dental care	1	2	3	4	9
26. Affordable outpatient sick care	1	2	3	4	9
27. Short-term inpatient care for physical illness	1	2	3	4	9
28. Long-term nursing home care	1	2	3	4	9
29. Home health care (skilled)	1	2	3	4	9
30. Homemaker or companion service	1	2	3	4	9
31. Congregate or home delivered meals	1	2	3	4	9
32. General health care or nutrition education	1	2	3	4	9
33. Respite for care giver	1	2	3	4	9
34. Day care for physically disabled or elderly	1	2	3	4	9
35. Family planning	1	2	3	4	9
36. Teen pregnancy prevention and services	1	2	3	4	9
37. AIDS/HIV related services	1	2	3	4	9
38. Prenatal health care	1	2	3	4	9
39. Independent living skill for blind/deaf or handicapped	1	2	3	4	9
40. Means to obtain medication	1	2	3	4	9
41. Adequate health insurance	1	2	3	4	9

MENTAL HEALTH	Not Serious	Not Very Serious	Somewhat Serious	Very Serious	Don't Know
42. Affordable outpatient individual/family counseling	1	2	3	4	9
43. Parenting education	1	2	3	4	9

44. Short-term inpatient care for mental illness	1	2	3	4	9
45. Long-term residential, group home, or nursing home care for mentally disabled	1	2	3	4	9
46. Coping skills for family responsibilities	1	2	3	4	9
47. Skills for responsible personal behavior	1	2	3	4	9

SUBSTANCE ABUSE	Not Serious	Not Very Serious	Somewhat Serious	Very Serious	Don't Know
48. Drug and alcohol abuse prevention services	1	2	3	4	9
49. Drug abuse outpatient treatment	1	2	3	4	9
50. Alcohol abuse outpatient treatment	1	2	3	4	9
51. Inpatient treatment for alcohol or drug abuse	1	2	3	4	9

HOUSEHOLD VIOLENCE AND RELATED ISSUES	Not Serious	Not Very Serious	Somewhat Serious	Very Serious	Don't Know
52. Child protection services	1	2	3	4	9
53. Adult protection services	1	2	3	4	9
54. Services for victims of rape or sexual assault	1	2	3	4	9
55. Services for victims of domestic assault or sexual abuse	1	2	3	4	9
56. Foster care for children and adolescents	1	2	3	4	9
57. Adoption	1	2	3	4	9
58. Services for children/youth with behavior or emotional problems	1	2	3	4	9

PUBLIC SAFETY/LEGAL SERVICES	Not Serious	Not Very Serious	Somewhat Serious	Very Serious	Don't Know
59. Delinquency prevention	1	2	3	4	9
60. Crime prevention	1	2	3	4	9
61. Social readjustment after conviction	1	2	3	4	9
62. Relief following fire or disaster	1	2	3	4	9
63. Low or no cost legal services	1	2	3	4	9
64. Tax-preparation assistance	1	2	3	4	9
65. Budget and credit counseling	1	2	3	4	9

66. Services to reduce noise, air, water pollution	1	2	3	4	9
67. Legal guardianship	1	2	3	4	9
68. Racial or ethnic discrimination	1	2	3	4	9
69. Public accommodation for deaf/blind handicapped	1	2	3	4	9

TRANSPORTATION	Not Serious	Not Very Serious	Somewhat Serious	Very Serious	Don't Know
70. Accessible public transportation	1	2	3	4	9
71. Adequate transportation disabled or elderly	1	2	3	4	9
72. Reliable transportation for work, medical, or necessary trips	1	2	3	4	9

SYSTEMWIDE ISSUES	Not Serious	Not Very Serious	Somewhat Serious	Very Serious	Don't Know
73. Information and referral services	1	2	3	4	9
74. Planning and coordination of health and human services	1	2	3	4	9
75. Coordination of community development	1	2	3	4	9
76. Public recognition of community strengths	1	2	3	4	9
77. Other (any category) ________________	1	2	3	4	9

B. PRIORITIES

1. (WRITE IN THE APPLICABLE ITEM NUMBER FROM THE LEFT MARGIN ABOVE.)

Which of the above unmet needs do you believe is the most serious in our community? _______

Which of the above unmet needs do you believe is the second most serious? _______

Which of the above unmet needs do you believe is the third most serious? _______

2. Describing your community, generally what kind of place is it to live? (CIRCLE ONE NUMBER.)

1. Excellent 2. Good 3. Fair 4. Poor

3. List the primary strengths of your community.

__________________________ __________________________ __________________________

C. BARRIERS TO SERVICES

For each of the following barriers that might prevent people form using existing service, please indicate your view of how serious this barrier is for people in our community.
(CIRCLE ONE NUMBER IN EACH ROW.)

	Not Serious	Not Very Serious	Somewhat Serious	Very Serious	Don't Know
1. People's dislike of service environment	1	2	3	4	9
2. Eligibility restrictions	1	2	3	4	9
3. Cost of services	1	2	3	4	9
4. Lack of information about available services	1	2	3	4	9
5. Lack of transportation	1	2	3	4	9
6. Inconvenient locations	1	2	3	4	9
7. Lack of child care	1	2	3	4	9
8. Communication barriers	1	2	3	4	9
9. Perception of costs as excessive	1	2	3	4	9
10. Inconvenient hour or days	1	2	3	4	9
11. Concerns about confidentiality	1	2	3	4	9
12. Perceptions concerning quality of services	1	2	3	4	9
13. Prior bad experience	1	2	3	4	9
14. Reluctance to go outside family and friends for help	1	2	3	4	9
15. Wait for service too long	1	2	3	4	9
16. Lack of handicap access	1	2	3	4	9
17. Other ____________________	1	2	3	4	9

D. GROUPS IN NEED

How serious are the service needs for the following population groups?

	Not Serious	Not Very Serious	Somewhat Serious	Very Serious	Don't Know
1. Ethnic minority	1	2	3	4	9
2. Elderly	1	2	3	4	9
3. Children/youth	1	2	3	4	9
4. Working poor	1	2	3	4	9
5. Handicapped	1	2	3	4	9
6. Women	1	2	3	4	9
7. Other ____________________	1	2	3	4	9

E. In your opinion, how effective are the following organizations in meeting their stated mission or function?

	Very Effective	Somewhat Effective	Not Very Effective	Not Effective	Don't Know
1. Churches	1	2	3	4	9
2. Dept. of HRS	1	2	3	4	9
3. Public schools	1	2	3	4	9
4. United Way	1	2	3	4	9
5. Public health	1	2	3	4	9
6. Other service organizations __________	1	2	3	4	9

F. Given that there will never be enough resources to meet all human-service needs, please share your suggestions concerning current community resources. (ATTACH ADDITIONAL SHEETS IF NECESSARY.)

1. Are there any services for which the need has diminished? If so, please describe.

_______ Yes _______ No _______ Don't know

2. Are there any or areas **over** served relative to their needs? If so, please explain.

_______ Yes _______ No _______ Don't know

3. How can resources or services be shifted or redirected to be more effective? Please explain.

4. Which of the following best describe your role and the populations with whom you most frequently come in contact? (CIRCLE ALL THAT APPLY.)

Males
Females
Children (0-17)
Elderly (over 59)
Family Units
Other:
____

Black
White
Disabled
Chronically Ill
Low Income

Business
Schools
Service Providers
Government
Clergy

5. What is the ZIP Code where you live? _________________

6. What is the ZIP Code where you work? _________________

Thank you for helping identify health and human service needs in your community; please complete and return your responses in the enclosed envelope. Your additional comments or suggestions are welcomed.

Suggested Facilities Size and Design Criteria [137]

Space Name: **School Health Room**

Square Footage:

Minimum .70 net square feet per FTE capacity, excluding storage, restrooms, and nurse's work room

For each professional staff member, there should be 120 square feet of office space.

Each file cabinet should be provided 12 square feet.

A FLORIDA terminal will require 40 square feet (includes room for a printer) plus proper ventilation and an access point for the cable.

Add 20% of the total space generated for internal circulation space — for hall space, restrooms, etc.

Components of Clinic Space:

The space should provide at least the following functional areas:

- reception/waiting room
- exam/treatment room
- restrooms
- recovery/sick room
- nurse's/aide's work room
- private counseling room
- lockable storage/filing room
- laundry area (optional)
- health education room (optional)
- dispensary (pharmacy area)

Number of beds:

There should be a minimum of 3 beds in the sick room of elementary and middle schools with a student capacity of under 500, and a minimum of 4 beds in the sick room of elementary schools and middle schools with a student population of over 500. High schools of any size should have a minimum of 3 beds. Each bed should be separated by at least a curtain for privacy. There needs to be some portable and private way to isolate the sick students.

Program Description:

Floor surface should be tile, or any non-skid surface which is able to be cleaned and disinfected regularly.

Clinic entrance/egress should ensure privacy.

Telephone line for direct connection of a telecommunications device for the deaf (to accommodate deaf students as well as deaf parents). If school is already TDD-accessible, this is optional.

Emergency line to school administrative office

Modem/fax line. Necessary only if there is a computer terminal/fax machine.

Program Description (cont'd):

If there is more than one computer terminal, there will need to be a controller. The controller will have to be placed in the school's "telephone closet." The controller requires a dedicated 125 volt, 20 amp electrical circuit. The telephone closet must be dry; it must not be a combination phone/mop closet. (Water and computers do not mix.) In the telephone closet, there must be at least a 4' x 4' piece of 3/4" plywood over 5/8" firerock drywall for mounting wiring blocks and connectors for computer terminals.

Windows (very strong recommendation), especially in sick room, work room, and any office. There must be a means to cover the windows with blinds or curtains, so that light can be eliminated (for indicated reasons, such as migraine headaches) or privacy assured.

All rooms must be adequately lighted, even though there will be windows. This will assure proper lighting on cloudy days and during non-school hours.

Central heat and air for proper ventilation; with a thermostat in each exam room to control temperature

Frost-free refrigerator for ice and medicine storage; electrical outlet and plumbing for ice-making connection for refrigerator. Refrigerator may be standard or under-the-counter size.

The **waiting room** should accommodate 15-20 persons if the clinic is to be used to serve the community.

The **nurse's/aide's work room** should be equipped with a telephone, lockable cabinets, and shelving.

The **exam room** should be equipped with an exam table with a paper roll to cover, 2 rolling exam chairs, an exam light, high intensity light (to remove slivers, look at rashes, head lice, etc.), height/weight scales, shelving, a lockable supply cabinet, and a sink. Equipment available for exam rooms to include an otoscope, an ophthalmoscope, a stethoscope, and a blood pressure cuff.

The **sick room** must be situated to allow direct sight supervision of sick students, either through line-of-sight or observation window.

The **laundry area** should be equipped with a washer/dryer; electrical outlet for washer and dryer; drainage for washer. [Optional]

The **counseling room** should afford visual and acoustical privacy. While it does not need to be "sound proof," it should be designed with sufficient sound absorption materials such as carpets, acoustic tile ceilings, walls and doors of appropriate thickness. Electrical outlets should be available for vision and hearing testing apparatus. If the counseling room is not to be used for hearing screening, then the **nurse's work room** must also be sufficiently sound-proofed in order to perform hearing screenings and must have sufficient electrical outlets for vision and hearing testing apparatus.

The **storage area** should be equipped with lockable filing cabinets and shelving. This area should also accommodate vision and hearing machines and used clean clothing.

Program Description (cont'd):

The **storage area** should be equipped with lockable filing cabinets and shelving. This area should also accommodate vision and hearing machines and used clean clothing.

The **dispensary/pharmacy area** should be equipped with shelving and lockable cabinets and have easy access to water fountain, cooler, or sink.

Private toileting space, 1 in elementary school clinics, and 2 (male/female) in middle and high school clinics, with doorways in excess of 30" to allow wheelchair access (5 feet is necessary for turnaround). There must be enough space **and light** to perform a catheterization. There must be a shower. A tub will be necessary only in schools where the provision of physical therapy requires a tub. The shower must be equipped with a hose-type sprayer with a flexible extended nozzle. The shower area must be large enough to accommodate a wheelchair and another person. There must be hot and cold running water at the main sink and in the shower. An exam or procedure table should be located in the bathroom area, for such procedures as urinary catheterization.

Location

If the clinic space is designed to be a component of a larger design of co-located services, the facility should be located to accommodate this design. However, because the co-location of health and human services at school sites is intended to support teachers in their work with students, as well as providing direct services to students, the location of the facilities which house these services should be easily accessible to the teachers and other school personnel. It is essential that the clinic staff are perceived by the school faculty as colleagues and part of the professional school team.

Therefore, the clinic space should be adjacent to the student services area and readily accessible to students, teachers, and staff. Ideally, there will be a direct exit to a parking lot, where sick students can be received by their parents, or if the clinic serves the community, where people can enter/exit via the parking lot.

If there are additional services provided in the collaborative, the school health rooms should be adjacent to or near the other social services, because many of the students using the social services will also need health care.

The clinic itself must be in a handicapped-accessible location in the school, preferably on the first floor. If the clinic must be on the second floor, strong consideration must be given to installing an elevator to transport the sick or injured.

Other

If there are laboratory functions, additional space and equipment needs will need to be addressed separately.

If there are any built-in shelving or desk units, the remaining space must be sufficient for handicapped accessibility.

Space Type: **Reading Resource Room**

Purpose: Central reading and resource material storage and browsing areas

Size: Minimum 8′ x 8′

Requirements: Ample shelving for reading/lending materials

Doorway must accommodate wheelchair access. Interior must allow for turnaround space after shelving installed.

Lighting should be controllable from within the room.

Space should be equipped with small desk or table, chair, and reading light.

Other: If a reading room cannot be accommodated, the shelving for reading/lending materials should be placed in the meeting/training room.

Space Type: **Waiting Room**

Purpose: Reception area for students, family members, and visitors for scheduled or unscheduled appointments or meetings

Size: There should be a minimum of 100 square feet, with an additional 25 square feet per person times (x) the number of persons to be accommodated in the waiting room at any given time.

Requirements: There should be a comfortable waiting area for students and families waiting to be served in schools offering multiple services. This area may need to accommodate families with infants and young children, and the accompanying paraphernalia (baby carriers, diaper bags, toys, etc.).

Changing areas for infants, as needed

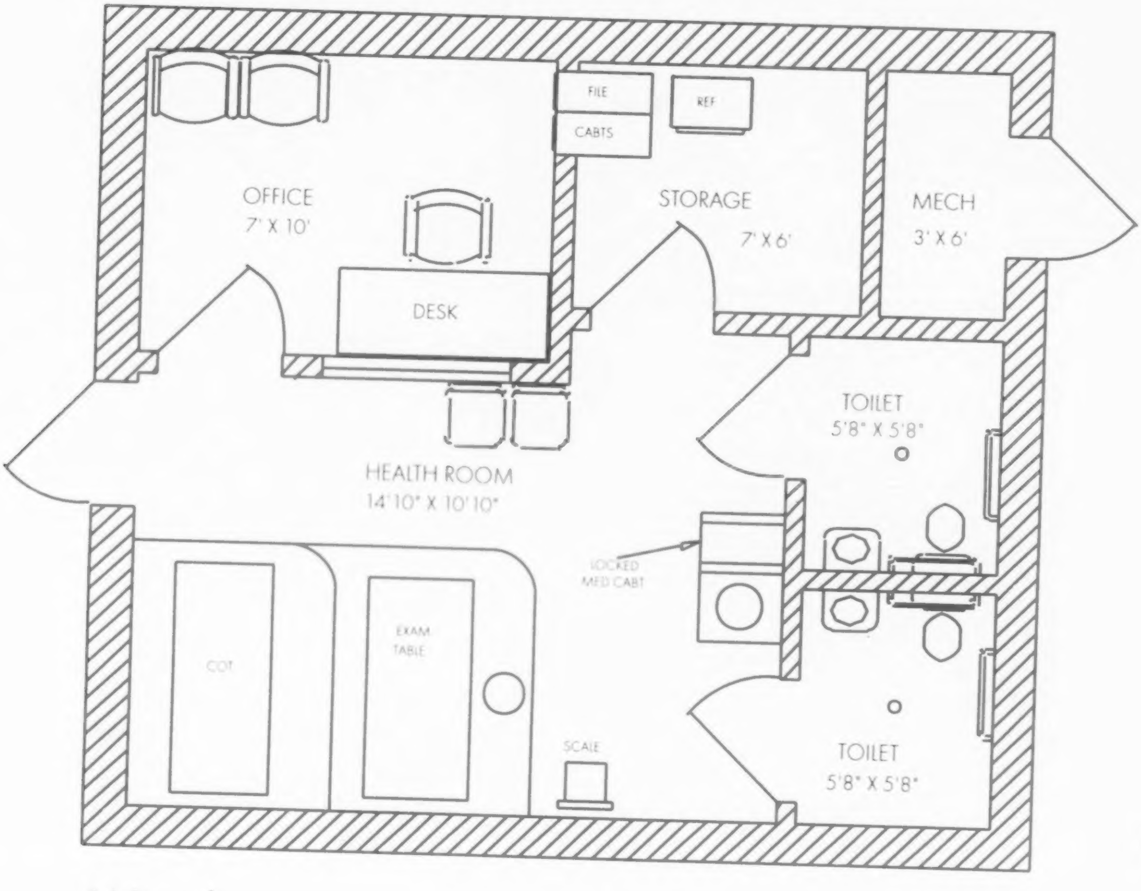
Playroom for young children of families or teen parents receiving services, as needed

Doorway must accommodate wheelchair access; interior must accommodate wheelchair turnaround.

Lighting should be controllable from within the room.

Comfortable chairs or other seating arrangements

Elementary School Health Room


FILE
CABTS
REF
OFFICE
7' X 10'
STORAGE
7' X 6'
MECH
3' X 6'
DESK
TOILET
5'8" X 5'8"
HEALTH ROOM
14'10" X 10'10"
LOCKED MED CABT
EXAM TABLE
COT
SCALE
TOILET
5'8" X 5'8"

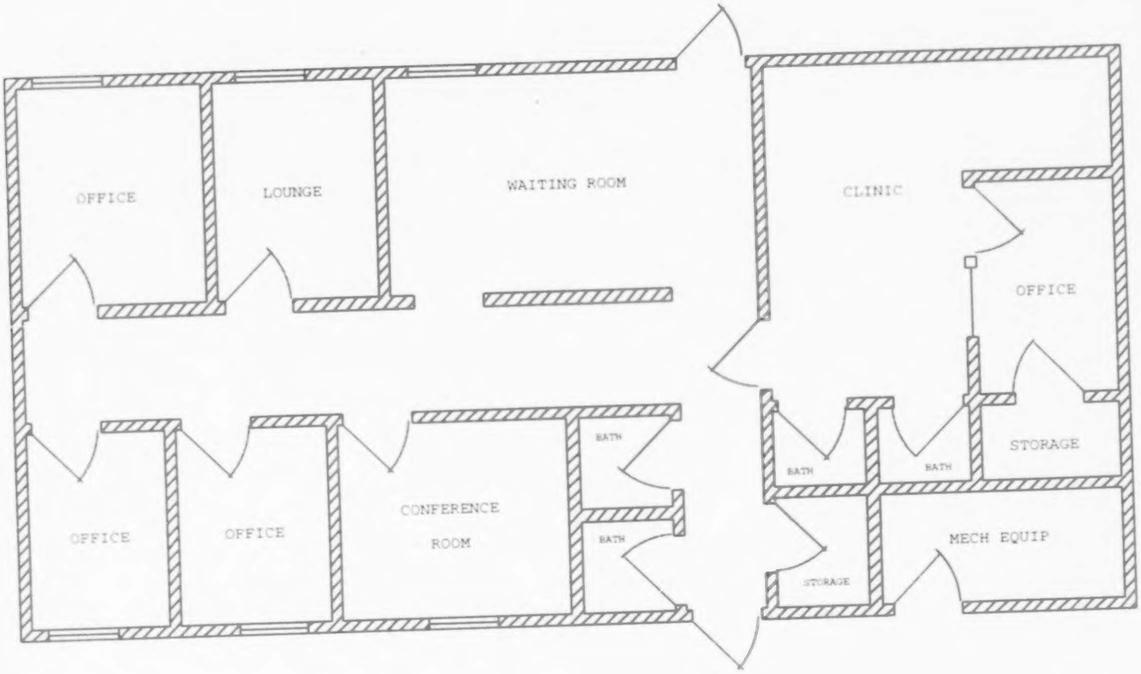
468 sq.ft.

AMSPACHER & AMSPACHER • ARCHITECTS
2003 N. NINTH AVENUE
PENSACOLA, FLORIDA 32503
(904) 434-0123

digitized by William Christopher Bruner

Office Building for School Campus

Plan #1


OFFICE
LOUNGE
WAITING ROOM
CLINIC
OFFICE
BATH
BATH
BATH
BATH
STORAGE
OFFICE
OFFICE
CONFERENCE ROOM
STORAGE
MECH EQUIP

Amspacher & Amspacher • Architects
2003 N. Ninth Avenue
Pensacola, Florida 32503
(904) 434-0123

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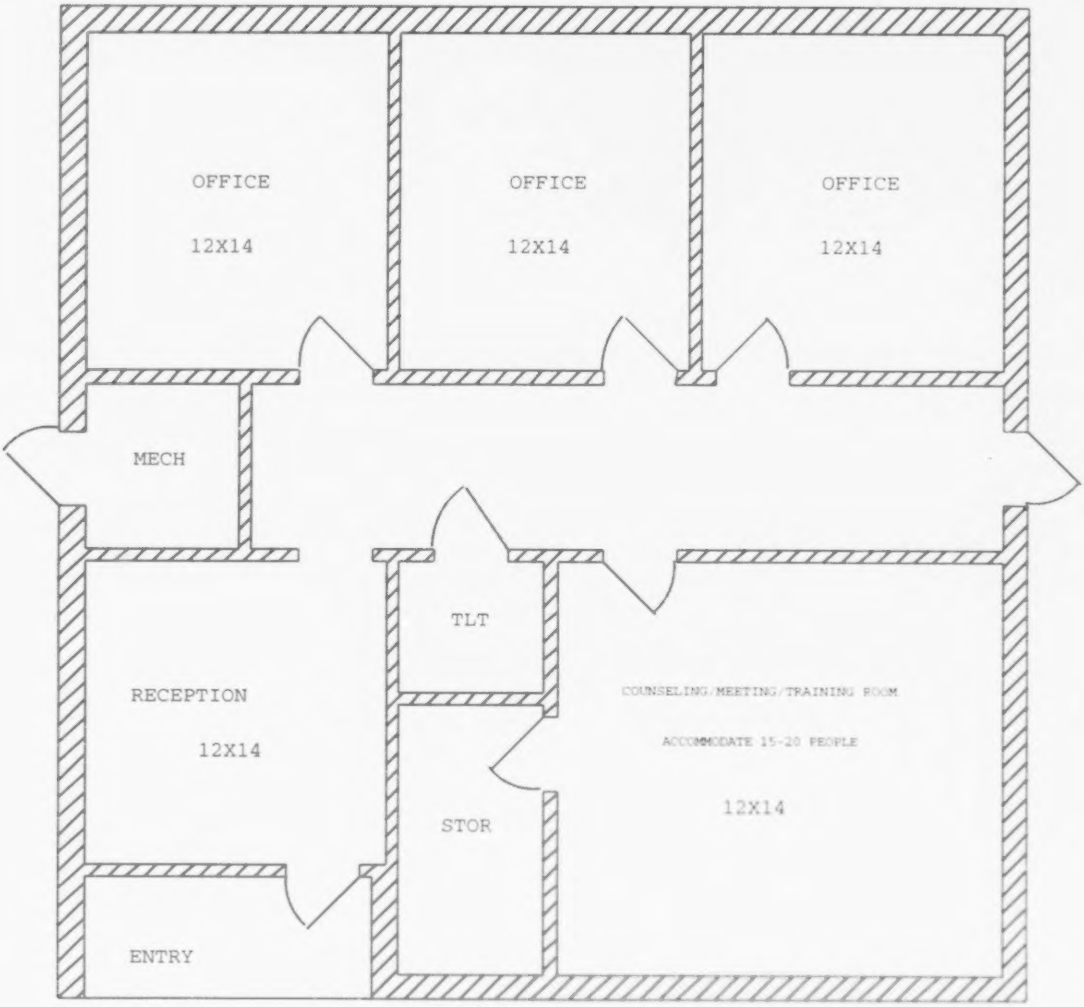
Office Building for School Campus
Plan #2


OFFICE
12X14
OFFICE
12X14
OFFICE
12X14
MECH
TLT
RECEPTION
12X14
COUNSELING/MEETING/TRAINING ROOM
ACCOMMODATE 15-20 PEOPLE
12X14
STOR
ENTRY

1400 sq.ft.

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PENSACOLA, FLORIDA 32503
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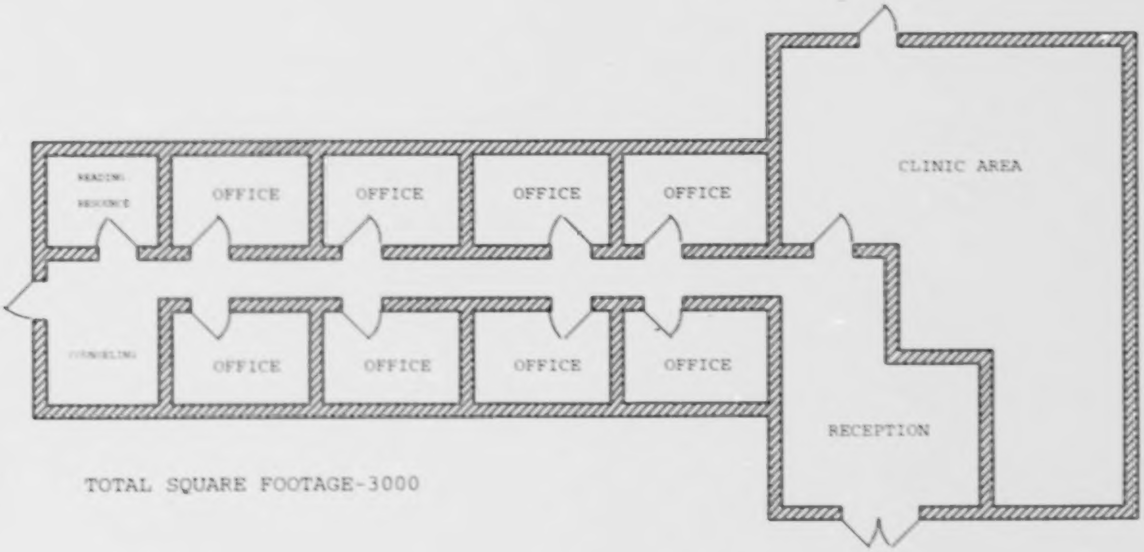
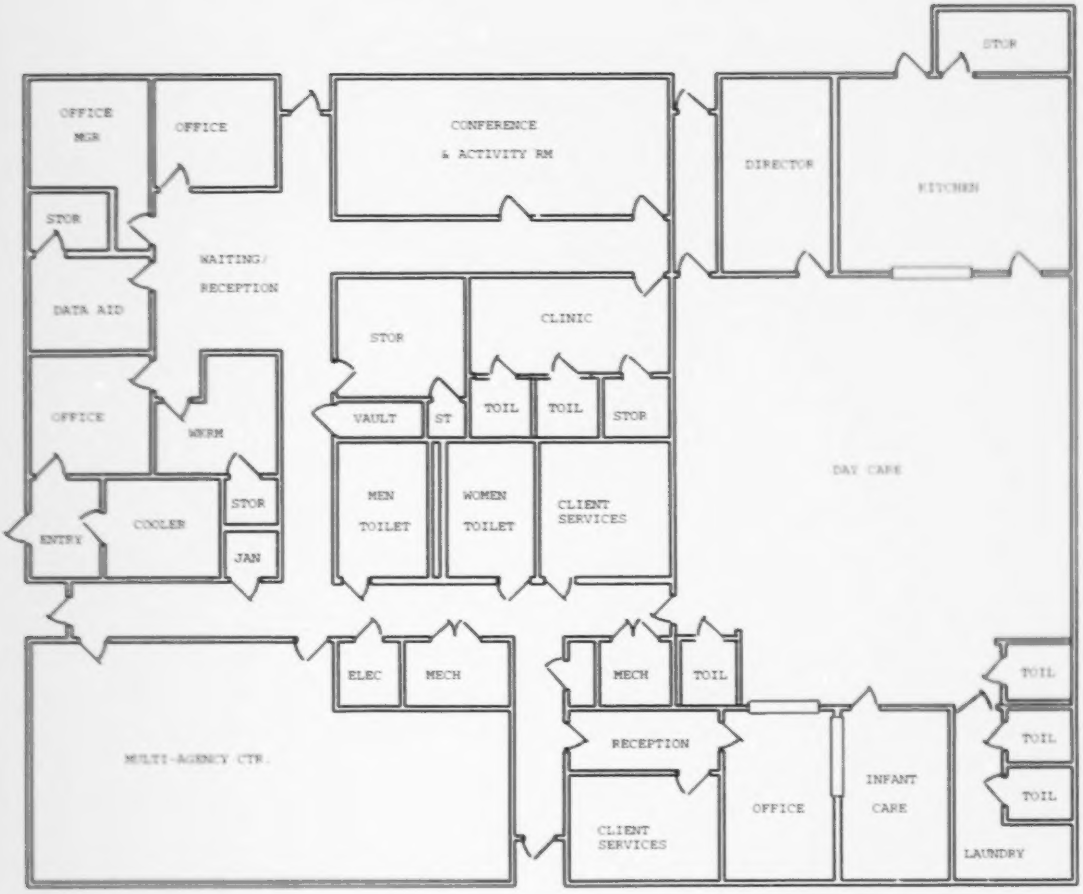
Office Building for School Campus
Plan #3


CLINIC AREA
READING RESOURCE
OFFICE
OFFICE
OFFICE
OFFICE
COUNSELING
OFFICE
OFFICE
OFFICE
OFFICE
RECEPTION
TOTAL SQUARE FOOTAGE-3000

designed by Locklin Technical School staff, Santa Rosa County Schools, Florida

digitized by William Christopher Bruner

Office Building/Day Care Center for School Campus


OFFICE MGR
OFFICE
CONFERENCE & ACTIVITY RM
DIRECTOR
STOR
KITCHEN
STOR
WAITING/ RECEPTION
DATA AID
STOR
CLINIC
OFFICE
WKRM
VAULT
ST
TOIL
TOIL
STOR
DAY CARE
MEN TOILET
WOMEN TOILET
CLIENT SERVICES
STOR
ENTRY
COOLER
JAN
ELEC
MECH
MECH
TOIL
TOIL
MULTI-AGENCY CTR.
RECEPTION
TOIL
OFFICE
INFANT CARE
TOIL
CLIENT SERVICES
LAUNDRY

9,116 Square Feet

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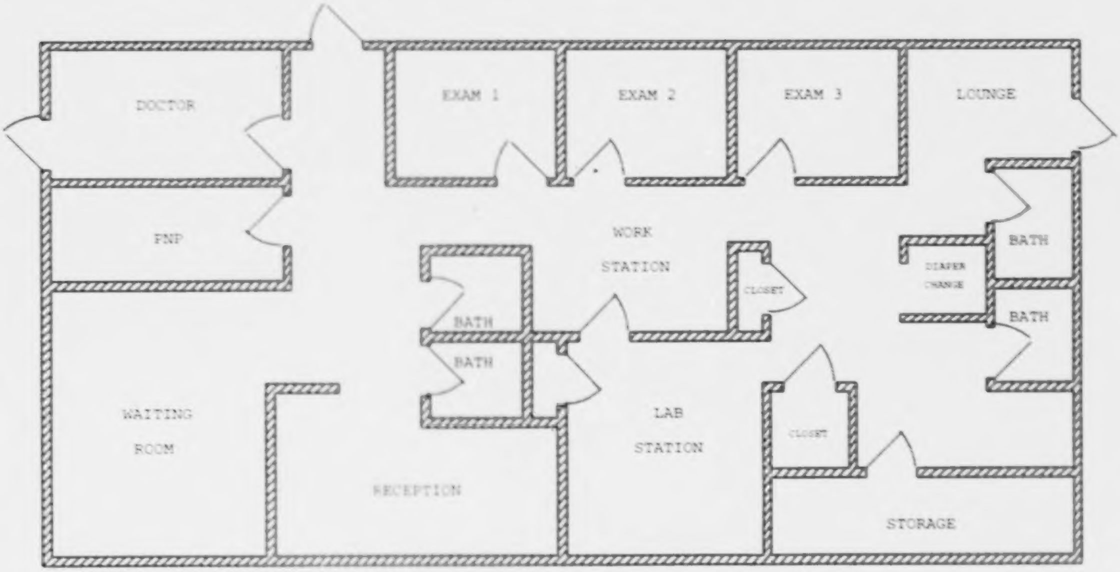
Satellite Clinic Offices


DOCTOR
EXAM 1
EXAM 2
EXAM 3
LOUNGE
FNP
WORK STATION
CLOSET
DIAPER CHANGE
BATH
BATH
BATH
BATH
WAITING ROOM
RECEPTION
LAB STATION
CLOSET
STORAGE

1800 sq.ft.

digitized by William Christopher Bruner

Sample Facilities Agreement

This agreement made between the XXX School Board (hereinafter referred to as the "Board") and XXXXX (hereinafter referred to as "User");

In consideration of the following mutual promises and conditions, the Board and User agree as follows:

1. The Board grants to the User the temporary use of the facilities described in Exhibit "B," attached hereto and made a part hereof for the purposes, dates, and times set forth on said exhibit. Such use shall be in conformance with and subject to the Board's Use of Facilities Policy and to any Administrative Regulations developed pursuant to such policy.
2. Prior to use of Board's facilities, User shall pay to Board fees set forth in Exhibit "B".
3. User shall conform to the general conditions of use set forth in Exhibit "A" and the additional conditions of use, and other matters, if any, set forth in Exhibit "B."
4. User warrants that all information, including the information set forth in any application for temporary use of the Board's facilities, which User may have given the Board in connection with the use of the facilities described on Exhibit "B," is true, complete, and correct.
5. The agreement shall be deemed dated, and become effective, as of the date on which a duly authorized representative of the Board executes this Agreement, provided such date of execution is later than the date on which the User executes this Agreement.
6. This agreement shall not be assignable or transferable in any manner without the express written consent of the Board.
7. This agreement shall be binding upon the heirs, executors, administrators, successors and assigns of the Board and the User.

Exhibit "A" SPECIAL CONDITIONS

1. The PROVIDER agrees to provide at its expense public liability and property damage insurance with limits of at least $500,000 for injury to any person or persons, including death, and $1,000,000 for damage to property covering the occupancy and use of the demised premises with the Board as an additional named insured, said insurance to be placed in an insurance company authorized to conduct business in the State of XXX and having a Best's Rating of A:VI or better. User shall furnish Board with a certificate or duplicate of such policy or policies attached to the request for facility use. Said insurance certificate shall contain a statement stating that the Board is an additional named insured and that the insurance is not cancelable without first giving twenty (20) days written notice to the Board.
2. All organizations using school facilities shall covenant and agree to all times to save, hold, and keep harmless the Board and indemnify it against any and all claims, demands, penalties, judgements, court costs, attorney's fees, and liabilities of every kind and nature whatever in connection with any injury to or from the use of the premises by anyone occupying or using the same, or arising out of any activity of the User, or due to the installation, operation, or maintenance by the User of any fixtures or equipment in or upon the demised premises or which may be incurred by reason of any default or failure of the User to comply in any respect with the provisions of this Agreement.
3. Risk of any loss to User's property shall be entirely upon User. User may not store any equipment, material, or other matter in Board's facilities without express written approval from the Board.

4. No equipment, material, or other matter which presents a health or safety hazard to persons or property may be brought upon the Board's facility. The use of open flames, makeshift electrical wiring, flammable and/or caustic materials and the like is prohibited.

5. All persons using the Board's facility pursuant to this agreement shall confine themselves to the area of the facility for which temporary use has been granted to User.

6. The use of any forms of tobacco, illegal drugs, liquor, profane language, obscene materials or acts, gambling, or violence is prohibited.

7. Food or beverages may not be used without the express written approval from the Board.

8. Equipment, material, or other matter owned by the Board may not be used or moved without express written approval from the Board.

9. Prior to the termination of the temporary use, unless other arrangements are expressly approved in writing by the Board, all equipment and material brought upon the facility by User shall be removed and the facility cleaned up and restored to the condition in which it was provided.

10. User shall at all times provide sufficient supervision of its activities to insure compliance with this Agreement. The Board may, but has no duty to, require additional supervision, including police supervision, as it deems appropriate for protection of the facility and other Board property and to determine User's compliance with this Agreement.

11. Electrical equipment shall not be operated without express written approval from the Board.

12 Use of a facility may be terminated by the Board in the event of any emergency, and breach of this Agreement, or in the event that the facility is required for any Board program which cannot reasonably be held at another time and place.

13. The maximum capacity of the facility, as set forth in this Agreement or as otherwise set forth by the Board, shall not be exceeded.

14. The Executive Director shall submit changes in the provision of services at the site to the Full Service School contact person 30 days prior to the working day that changes will take place. Upon notification, the contact person shall call together an executive committee of representatives of the site to review the request. All changes in service provision must have Board approval.

15. If an executive committee of representatives of the site does not approve changes in service provision, and/or a space becomes vacant at the Full Service School site, the executive committee will accept and review applications for admission of new services to the Full Service School site. All changes in service provision must have Board approval.

EXHIBIT "B"

1. Description of Use of Facilities: Room #42 in Bldg. 86 may be used during the hours of 7:30 a.m. – 9:30 p.m., Monday through Friday, from July 1, 199_ to June 30, 2002 for the purposes of:

   Parent Education Classes

   Client Interviews, etc.

2. Any fees charged: PROVIDER will contribute $_____ per month or assume the cost of the following support expenses: telephones, long-distance calls, paper supplies, office consumables, copy machine maintenance, postage, maintenance, janitorial expenses, etc. (Itemized expenses)

3. Additional Conditions of Use (Other than in Exhibit A)

Copies of this agreement are on file in:

1. The Full Service Schools Program Office
2. Building Maintenance Department
3. PROVIDER agency

Signatures (with titles) and Addresses
(Include an attorney, signatures of highest ranking administrative officials, signature of chairperson of interagency group)

IN WITNESS WHEREOF, the parties hereto, by the undersigned, do bind said parties, set their hands and seal on this ____ day of ____________________, ____.

NAME OF ORGANIZATION	NAME OF ORGANIZATION
By: ____________________	By: ____________________
Title: ____________________	Title: ____________________
Address: ____________________	Address: ____________________
Witness ____________________	Witness: ____________________

Date of completion: ____________
Name: ____________
Address: ____________
Phone/Fax: ____________

Community Interaction Survey (adapted from [105])

Rank the following in order of their effectiveness within your community setting.

1	2	3	4	5
no evidence	in existence but not effective	moderately successful	successful but needs improvement	strength of the community

1. Services should be community–based and community–delivered.					
Services and support programs are locally planned, operated, and evaluated with broad public and private community involvement.	1	2	3	4	5
Families and youth are essential partners with professionals in planning and implementing services and programs.	1	2	3	4	5
2. Services should be family–centered; driven by the needs of children, youth, and families; and built on strengths.					
Families and providers (and whenever possible, young people themselves) are involved in planning and implementing services that support family independence and strengthen community ties.	1	2	3	4	5
There are current family assessment initiatives in place.	1	2	3	4	5
There are current family–focused initiatives, including programs offering home development specialists or in–the–home services.	1	2	3	4	5
Parent/family involvement is encouraged in all settings.	1	2	3	4	5
Professionals believe in family support planning and the concept of interagency collaboration to meet the needs of students and families.	1	2	3	4	5
Parents take an active role in educational and support activities.	1	2	3	4	5
There is a single point of intake for families to receive information, complete paperwork, and participate in a family–focused plan of delivery for services.	1	2	3	4	5
3. Needed services should be available and accessible to all in a variety of settings, using a combination of public, private, community, and personal resources.					
High-quality education, health, social, family support, and other services are available to all who need them.	1	2	3	4	5
There has been an attempt to determine which services do not currently exist in the community, and action has been taken to make them available.	1	2	3	4	5
There is evidence of continuity of services. A family entering the service support system does not experience gaps in or barriers to services.	1	2	3	4	5
4. Services should be culturally competent.					
Programs and staff are responsive to the needs of individuals with disabilities and of culturally, ethnically, linguistically, and economically diverse populations.	1	2	3	4	5

5. Services should focus on primary prevention, early intervention, and strengthening the ability of children, youth, and families to help themselves.

There is evidence of high-quality education; a variety of opportunities to accommodate different stages of growth and development; a comprehensive, consistent source of preventive and primary care; and early intervention activities designed around the concept of family support.	1	2	3	4	5

6. Services should be comprehensive, and a continuum of services should be available.

There is evidence of a comprehensive continuum of services ranging from prevention and early intervention to individualized, intensive family support services.	1	2	3	4	5
Round-the-clock coverage is available for emergency situations.	1	2	3	4	5
There are existing services that educate families and publicize resources and services.	1	2	3	4	5
There is a centralized information and referral source — a phone line, person, or agency.	1	2	3	4	5

7. Services should be flexible.

Services can be adapted to individual circumstances and are provided at convenient times and places.	1	2	3	4	5
Agency personnel in direct contact with children and families are permitted increased flexibility.	1	2	3	4	5
With evidence of increased flexibility, there is also increased accountability for outcome-based results.	1	2	3	4	5

8. Public, private, and community services should be coordinated, integrated, and collaboratively delivered.

There is a good interaction between education, health, and human services.	1	2	3	4	5
Does communication exist between the local agencies? (Communication might take place in the form of interagency councils, collaborative funding efforts, attempts to streamline paperwork, etc.)	1	2	3	4	5
There are existing sources of universal data such as screenings, health examinations, and needs assessments available from other sources.	1	2	3	4	5
Contacts with the business community are strong.	1	2	3	4	5
The challenges being faced in the community are leading to creative thinking and cooperation among agencies to solve service coordination problems.	1	2	3	4	5

9. Services should be of high quality and developmentally appropriate.

Staff training is in place to assure fully qualified individuals who know how to work collaboratively to meet the needs of children, youth, and families.	1	2	3	4	5
There is a procedure for periodic re-evaluation of services and delivery plans.	1	2	3	4	5

This procedure may be requested by families.	1	2	3	4	5
An evaluation system is in place to assure the highest standards of service and a focus on desired outcomes.	1	2	3	4	5
10. Services should be cost-effective.					
Program accountability and evaluation are focused on "value" of each service in the delivery system that is effective and efficient.	1	2	3	4	5
There is evidence of streamlining among agencies to promote cost-effectiveness, i.e., there are opportunities to conduct referrals between community agencies that will not require additional funding; there are collaborative efforts among agencies to provide a specialized services such as dental, medical, or mental health services; there are consolidated eligibility criteria set up between agencies to eliminate duplicate paperwork, wasted resources, and duplicate services.	1	2	3	4	5

Family Needs Assessment (adapted from [39])

Name of Person Completing Form: ______________________________

Relationship to Child: ____________________ Date: __________

Parents and guardians of children have many different needs. Not all parents need the same kinds of help. For each of the needs listed below, please check (3) the space that best describes your need or desire for help in that area. Although we may not be able to help you with all your needs, your answers will help us connect you to community resources.

	I really need some help in this area.	**I'd like some help, but my need is not that great.**	**I don't need any help in this area.**
1. Someone who can help me feel better about myself			
2. Help with child care or after–school and summer supervised activities			
3. More money/financial help			
4. Someone who can babysit for a day or evening so I can get away			
5. Better medical care for my child or another member of the family			
6. More information about child development			
7. More information about behavior problems			
8. More information about programs that can help my child (educational, health, social)			
9. Counseling to help me cope with my situation better			
10. Day care so I can get a job			
11. Information about adult education opportunities			
12. Information about job training and employment opportunities			
13. A bigger or better house or apartment			

	I really need some help in this area.	I'd like some help, but my need is not that great.	I don't need any help in this area.
14. More information about how I can help my child with a specific problem			
15. More information about nutrition or feeding			
16. Learning how to handle my other children's jealousy of their brother or sister			
17. Help with how to deal with problems with in-laws or other relatives			
18. Help with how to deal with problems with friends or neighbors			
19. Special equipment to meet my child's needs			
20. More friends who have a child like mine			
21. Someone to talk to about my problems			
22. Problems with my husband (wife)			
23. A car or other form of transportation			
24. More time for myself			
25. More time to be with my child			
Please list any needs we have forgotten:			
26.			
27.			
28.			
29.			

Family Care Coordination Plan

(The plan may be modified each time the Family Care Coordination Team meets with the family, if the family chooses to make changes.)

1. Background Information

A. *Initial Information:*

Primary Referral On (child or person initially referred): ____________

Nickname ______ or Other Names Known By: ____________

Date of Birth: ______ Age: ______

Ethnic Background: ______ Type of Interpreter Services Needed: ______

Primary Language in Home: ____________

Social Security #____________

Address: ____________

____

Health Insurance Company: ____________ Policy # ______

Medicaid # ____________

Student # ____________

Disabilities ____________

Phone Number ____________

Address and Directions to Home: ____________

____

Transportation: __Self __Bus __Taxi __Walk __None __Volunteer __Other

Parent's Name____________ Mother's Maiden Name______

Parent's Name____________ Guardian's Name______

Caregiver (if other than parent or guardian)____________

Family is: __Migrant Farmworker __Temporary Resident __Permanent Resident

Caregiver Place of Employment ____________

Programs/Agencies Currently Involved with Child/Family/Individual (include educational, medical, social and human services agencies):

____

____

B. *Referral Information*

Referral Date: ____________ Referral Source: ____________

Family Care Coordination Plan Date: ____________

Review Dates: ____________ ____________ ____________

Names of Family Members	Relationship	Age	Date of Birth

2. **Family Care Coordination Team Members**

	Role	*Name/Program/Address*	*Phone #*
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

3. **Reason for Referral** (in the family's own words):

4. **Family Strengths:**
Based on the Family Support Scale, the Social Support Scale, and the Child Needs Scale, what are the strengths of this family unit?

5. **Family Needs**
Based on the Family Support Scale and the Family Needs Assessment, what are your main concerns and priorities for your family?

Concern	*Summary of Present Status*
e.g., son's grades	Failing 3 subjects

6. **Goal Setting**
What do you want for yourself? For your child? For your family? What are your short-term goals for your family? What are your long-term goals for your family?

7. **Steps to Reach Goals**
How can the family reach those goals?

Action/Resources: What needs to happen to reach this outcome? Who is responsible?	*Description of Resource/Service* In what ways will this happen?	*Evaluation* How will we know if the goal is reached?

8. **Signatures of Agreement**
The members of my Family Care Coordination Team have supported me in the development of this plan, and I agree to the provisions of the plan.

Signed: ______________________

Date: ______________________

Witness: ______________________

FAMILY CARE COORDINATION PLAN MEETING ATTENDEES

Meeting Date	*Signature*	*Agency*	*Phone #*

The Family Care Coordination Team Members will review my plan on:

date: ______ *time:* _______ *place:* ______________________

State Funding Sources

Every state has a variety of programs available under different categories of service, depending on what the political climate is at the time. Some general categories of spending you might explore are as follows.

CATEGORY	DESCRIPTION
Alcohol, Drug Abuse and Mental Health Programs, Children's Mental Health	Funds are usually available for hospitalizing children in need of crisis stabilization, residential treatment services; nonresidential services for an array of home, school, and community-based services; therapeutic services for children in state custody; and children's substance abuse services — residential, nonresidential, and school-based.
Children and Families Programs	Look for foster care funding, programs that address in-home services for family preservation, group and adoptive care, and subsidized child care. Subsidized child care resources may include state health and human services organizations, pre-kindergarten initiatives, teenage parenting programs, federally sponsored programs implemented on a local level (such as the Job Training Partnership Act, handicapped programs, and subsidized before and after school programs).
Children's Medical Services	Diagnosis, evaluation, and intervention services funding is usually available, along with chronic health care funding.
Community Based Training Programs	There are a variety of programs designed to improve maternal and child outcomes, and to employ and train mothers and fathers from the community as peer support for pregnant women who are medically, socially, or economically at risk. Resource mothers and fathers monitor participants through their pregnancies; provide information on available social, educational, and medical services; and promote awareness of parents' roles as home educators.
Community Development Grants	Form a community coalition with a broad partnership base (policy advocacy networks; financial partners such as banks, foundations, equity lenders, government programs); technical assistance agencies (housing associations, etc.); community organizations; neighborhood cultural centers; parks; museums and theaters; social and child welfare agencies; health organizations, etc.). The coalition can then apply for community development funds from state and federal funding agencies to meet specific program goals.
Department of Education Funding, (Pre-Kindergarten and Early Intervention Programs, e.g.)	This initiative may or may not be found in the local education association. The programs are designed to assist free lunch-eligible children, three to five years of age and their families, in a developmentally appropriate program. Other programs place emphasis on families of at-risk children, including families of children with disabilities, through home visitation and parent education models. Most of the pre-kindergarten and early intervention programs provide funding for parent resource centers that can be school-based.

Department of Labor and Employment	Programs in this category are aimed at relieving economic distress. In addition to mandatory education and job training services, participants can receive all or some of the following services: health care, child care, transportation assistance, life skills education, counseling, and other services necessary to break the cycle of poverty and welfare dependence. These are usually separate programs, such as Job Corps, that target economically disadvantaged youth. The rehabilitation division of state employment agencies address training and job services for individuals with disabilities.
Developmental Services	The main area of emphasis is on children with recognized disabilities. Community residential services, diagnosis and evaluation team funding, and case management funds are available.
Division of Social and Human Services	There is a variety of names for this agency in different states; generally, this is a large department that oversees social and human services such as drug and alcohol treatment, child abuse and neglect, mental health services, and other programs designed to address the needs of children and families. Look for programs in some or all of the following categories.
Dropout Prevention Programs	Some states provide funding for "at risk" student enrollment in targeted programs that provide alternative educational and social services. Teenage parent programs are often grouped in this category of service. Teenage parent programs typically provide transportation, social services, health services, and child care.
Health	Community public health units, primary care funding, and special programs targeting infants and pregnant women are growing in numbers across the country. In some areas, special emphasis is being placed on collaborative efforts that involve children in public schools. Grants may be available to target high numbers of medically underserved and high-risk students.
Juvenile Justice	Funding is rising in the area of residential programs and detention centers, as well as community services. Some states are providing grant opportunities to fund communities based upon an interagency plan to address crime and delinquency.
Multi-Agency Networks	Some states provide funding for facilitation of network planning and implementation for targeted populations, such as emotionally disturbed students.
Resource Systems	Find out whether there are local Resource Centers that provide support and training opportunities for community service providers and school district personnel. These centers often assist local agencies with identifying, locating, and evaluating children who have disabilities.
Specific Funding for Collaborative Efforts	Call the state department of education and ask whether your state has any specific money targeted for collaborative or interagency efforts. For instance, Kentucky is the site for Family Resource Centers. Florida is the site of Full Service Schools. These grants provide incentives to schools, departments of social services, and other public agencies to provide integrated health, education, and social services for children and their families. Some states offer a statewide design with a core of mandatory services. Other states provide for locally designed programs. Some states, such as Florida, also provide for capital outlay money to construct or renovate physical facilities to prepare space for collocated services.

Vocational Education	There is funding available in vocational education to provide educational and training services. Vocational Education also qualifies for additional federal sources of funding. Vocational funding in your area may be tied to community-based programs stressing education and training for students and adults, guidance, counseling, assessment, juvenile justice and adult offenders, homemaking education, community employment centers, training for individuals with limited English proficiency, career assessment and counseling, child care and transportation, tutor training, and supplemental education services for immigrant children enrolled in elementary and secondary public and private schools.

Federal Funding Sources

There are several federal funding sources that could be used to provide funding for a large variety of services on a school site. To tap these sources requires an understanding of program requirements, creative design of the services to meet requirements, a different kind of school planning, and accurate recordkeeping and documentation to comply with federal billing and accountability standards.

Federal funds come and go with the political wind. The list that follows may give you some general guidelines on where to ask questions about federal funds. Keep in mind that at the time this book was written, there was much discussion of new block grant funding. These program funds may no longer exist under the names that are used here, but the list may help you to think about the categories of funds that may be available to assist in program funding. (See the annotated bibliography for an additional resource on block grants, and research current program funding from federal sources in the *Federal Register*, found at local libraries, university libraries, and most public school grants management offices.)

CATEGORY	DESCRIPTION
Alcohol and Drug Abuse Block Grant	These grants are based upon a state plan submitted annually pursuant to guidelines established by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Services. They address planning, establishing, maintaining, coordinating, and evaluating projects for the development of more efficient prevention, treatment, and rehabilitation programs and activities to deal with alcohol and other drug abuse. These are specific set-asides for target populations including women and children.
Centers for Disease Control and Prevention	Within the Centers for Disease Control and Prevention (CDCP), the Division of Adolescent and School Health (DASH) addresses comprehensive health education, promotion, and services in schools. Funds are distributed to state education departments, several large cities, and twenty national health and education agencies for HIV education and training of health educators. Demonstration grants have been awarded for comprehensive school health programs in five states (Arkansas, District of Columbia, Florida, West Virginia, and Wisconsin.) Another DASH initiative has been the Youth Risk Behavior Surveillance System. The survey monitors trends in substance use, sexual activity, violence, suicide, depression, and other risk behaviors among students in ninth through twelfth grades. Findings from this survey have been utilized to support the need for comprehensive school-based services [57].
Chapter 1, Financial Assistance to Meet Special Education Needs of Children **Part A, Basic Programs Operated by Local Educational Agencies**	Chapter 1, Part A, provides funds to assist local school districts in meeting the educational needs of educationally-deprived children in low income areas. The population is defined by the Local Education Association (LEA) and may include preschool through secondary programs. The funds may be used to fund equipment and instructional materials, books and school library resources, and employment of special instructional personnel. Funds must be used to supplement, not supplant state and local funds, and the agency receiving the funds must maintain its fiscal effort. Grants are made to the LEAs based on the state's per pupil expenditure and number of children ages 5 to 17, inclusive, from low-income families and the number of children ages 5 to 17 inclusive, living in institutions for neglected or delinquent children.

Chapter 1 (cont'd.)	
Part B, Even Start Programs Operated by Local Educational Agencies	Even Starts are programs to improve educational opportunities of both children and adults by providing family-centered education programs involving parents and children in a cooperative effort to help parents become full partners in the education of their children and to assist children in reaching their full potential as learners. Eligible parents include those who are eligible for participation in an adult basic education program under the Adult Education Act and children ages 1 to 7 inclusive of eligible parents. Services include identification and recruitment of eligible children, screening and preparation of parents and children for participation, including testing, referral to necessary counseling, and related services.
Part D, Programs Operated by State Agencies, Programs for Migratory Children	Part D provides grants to states to establish or improve, either directly or through local education agencies, programs designed to meet the special educational needs of migratory agricultural workers.
Part D, Programs Operated by State Agencies Subpart 2, Programs for Handicapped Children	Chapter 1 provides grants to sites to assist in the delivery of special education and related services to children with handicaps from birth through age 20 who are enrolled in state-operated facilities and programs. Programs and projects which are designed to supplement the special educational needs of children with handicaps or the early intervention needs of infants and toddlers with handicaps. Funds are allocated based on the state's average per pupil expenditure and the number of children with handicaps from birth through 21 enrolled on December 1. Funds must be used to supplement, not supplant state and local funds, and the agency receiving funds must maintain its fiscal effort.
Child and Adolescent Service System Program (CASSP)	These grants are based upon a state plan submitted annually, pursuant to guidelines established by the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. The grant provides for the development of a full array of screening, assessment, treatment, and case management services for adults with mental illnesses and children with serious emotional disturbances.
Child Care Development Block Grant	The grant program began in 1991. It provides large-scale, direct federal support for child care. Interagency efforts may be able to use this funding for child care services for families at service delivery sites.
Community Health Centers, Public Health Service Act	Funding to Community Health Centers is based upon annual awards by the Public Health Service. Covered services may include primary health services, supplemental health services necessary for the adequate support of primary health services, referral to providers of supplemental health services, and payment for the provision of such services. Some states have community health centers that include mental health services.
Comprehensive Child Development Act	This act supports projects which provide intensive, comprehensive, integrated, and continuous supportive services for infants and young children from low-income families.

Department of Agriculture	Among the programs administered by the Department of Agriculture are the Food Stamps Program, the Supplemental Food Program for Women, Infants, and Children (WIC), and the National School Lunch and School Breakfast Programs. All assist low-income youth and are managed by USDA's Food and Nutrition Service.
Department of Justice	The Juvenile Justice and Delinquency Prevention Act, administered by the Department of Justice, was revised in 1992 to improve coordination and emphasize community-based programs and services, including family counseling. The Department has a large grant program. The Justice Department also administers Runaway and Homeless grants which support both street-based and family-based services. To qualify for these grants, providers must demonstrate coordination with health and other service agencies [57].
Department of Labor	The Employment and Training Administration within the Department of Labor administers the Job Training Partnership Act (JTPA), which allocates funds to states to support job training and summer employment programs for young people. The Department also administers a federal Job Corps program, which prepares young people to work in various trades while offering an educational component to program implementation.
Development Disabilities Assistance and Bill of Rights Act	Part B provides grants to states for planning, coordinating, and delivery of specialized services to persons with developmental disabilities. The grant does not provide support for direct services. Part C provides grants to protection and advocacy systems. Part D provides grants to university-affiliated programs. The funding provides for interdisciplinary training for persons serving persons with developmental disabilities.
Drug-Free Schools	The Drug-Free Schools and Community Act, enacted in 1986, targets the reduction of demand or preventing drug use. The program, administered by the Department of Education (DOE), allocates funds to states based on a formula that takes into account each state's school-age population and Chapter 1 funding. In each state, half of the grant goes to the state department of education and half to the office of the governor. The grants to state education departments are distributed to local education associations for drug education, substance abuse prevention strategies, and training and technical assistance to teachers, parents, administrators, and law enforcement officials. The governor's portion of the funds can be used to support other types of anti-drug abuse efforts by parents' groups, community-based organizations, or other public or private groups.
Education of the Handicapped Act (Individuals With Disabilities Education Act), Part B, Preschool Grants	Funds are provided to states to encourage the provision of special education and related services to all children, ages 3 through 5 years, with handicaps. States are eligible only if they provide a free appropriate public education to all children with handicaps, ages 3 to 5 inclusive. This includes the same services as in other Part B services.

Education of the Handicapped Act (Individuals with Disabilities Education Act), Part B	The purpose of this act is to assist states in providing a free and appropriate public education to all children with 13 specified disabilities, ages 3 to 21. Funding is based upon the number of children with handicaps served by the site on December 1 of the fiscal year for which funds are appropriated. Services must be provided in the least restrictive environment by qualified personnel, and may be provided through classroom instruction, home instruction, and instruction in hospitals and institutions, including private schools and facilities if eligible children are placed there by the state or local educational agency. Services include special education classes, speech pathology and audiology, and physical and occupational therapy. The state may retain up to 25% of the states allocation to be used for discretionary grants through the state for projects which are designed to benefit children with handicapping conditions.
Education of the Handicapped Act, Part H	Part H provides assistance to states to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency program to provide early intervention services for infants and toddlers with handicaps and their families. This is based upon a state application which describes the population and the service delivery system. Some states offer coordinated program between departments of social services and departments of education. The identified population often includes those children with established conditions and developmental delays. Emotional disturbance is considered within the categories. Services include a comprehensive screening, the development of an interagency Family Care Coordination Plan and services detailed within the plan including family training, counseling, home visits by professionals, speech-language pathology and audiology, occupation and physical therapy and case management services.
Head Start Program	The Head Start Program provides comprehensive health, education, nutrition, social, and other services to economically disadvantaged preschool children and their families. The goals of the program are to assist the children to cope with school and attain greater competence, and to enhance parent-child interaction. In addition to the standard model of a five-day-a-week program, home-based models may also be used. The health services component of the Head Start performance standards provides that "for each child enrolled in the Head Start program a complete medical, dental and developmental history will be obtained and recorded, a thorough health screening will be given, and medical and dental examinations will be performed" (1304.3-1,2 Health Services).
Indian Health Service	The Indian Health Service (IHS) operates health clinics or provides funding to deliver health care to native Americans and Alaska natives.
Mental Health and Child Health (MCH) Block Grant	In addition to perinatal care, the MCH program priorities include development of preventive and primary care systems for pregnant women and children and on the creation and expansion of organized networks of comprehensive, coordinated, family-centered services for children with chronic and disabling conditions. The majority of the funds (about 85%) are sent directly to states. The remaining 15% is reserved for federal grants in research, training, and demonstration projects. Each state receives a predetermined amount, plus an amount dependent on the number of live births in the state and an adjustment for financial need. Funding priorities and eligibility criteria for services are decided by each state. The Bureau's Division of Maternal, Infant, and child Health recently created a separate office for adolescent.

Public Health Services Act, Migrant Health Centers	Provides comprehensive primary health care to migrant and seasonal farm workers and their families.
Stewart B. Mckinney Homeless Assistance Act	Title VI-A is categorical grants for primary health services and substance abuse services for the homeless. Title VI-B provides funds for the provision of community mental health services to homeless.individuals who are chronically mentally ill.
Substance Abuse and Mental Health Services Administration	The Substance Abuse and Mental Health Service Administration (SAMHSA) in the DHHS Public Health Service has five components: substance abuse treatment, substance abuse prevention, mental health services, and two institutes to examine the causes, effects, and most promising treatments for substance abuse and mental health problems. the Center for Substance Abuse Prevention (CSAP) has established new goals: empowering communities, fostering competence, encouraging collaboration, and building comprehensive prevention programs. The CSAP has a large grant program that funds demonstration projects for high-risk youth, operates an information clearinghouse, provides technical assistance to states, and sponsors training for counselors and program administrators. Another grant program, initiated by the National Institute for Mental Health (NIMH) within the SAMHSA, is the Child and Adolescent Service System Program (CASSP). It was designed specifically to improve service delivery for emotionally disturbed children and adolescents [75].
Title IV-A, Social Security Act, Emergency Assistance for Families	The state submits a plan which defines criteria for determining emergency, income eligibility, population eligibility, and scope of services which can be authorized. The Federal Funding Participation (FFP) is 50% of cost, which covers both services and administration costs. Some states define populations as families with children at risk of abuse or neglect and who do not have current resources to pay for needed treatment. Most states establish restrictions on the number of emergencies that may be covered in a 12-month period and the types of services. The services may be restricted to those available on a statewide basis. The Title IV-A program is the only human services federal entitlement program except emergency Medicaid that does not require proof of citizenship.
Title IV-B, Social Security Act, Child Welfare Services	Funding is based upon federal appropriation and is distributed to states based upon the state's per capita income and population under age 21. The state submits a state plan which defines the population and services. Funds can be used for protective services, personnel, child care agency licensing, assistance in the home, prevention, reunification of families, and the return of runaways. Some states cover mental health counseling for children and families under Title IV-B.

Title IV-E, Social Security Act	Title IV-E of the Social Security Act primarily reimburses states for foster care maintenance, but in 1980 was expanded to include efforts to prevent placement and restore families. The FFP (Federal Financial Participation) for out-of-home maintenance costs is reimbursed at the state's Medicaid matching rate. The FFP is 50% for administration and 75% for training. Maintenance costs may include food, clothing, shelter, supervision, and related costs for children in a licensed family, group, or institutional care. Administrative costs include all "non-therapy" functions of the staff involved with these children. Some states support foster care, shelter care, and transitional independent living programs under Title IV-E. Title IV-E funds are also used to cost share in therapeutic foster and therapeutic group home programs by paying for the non-treatment costs. Depending on the state's plan, some states can fund summer camps, transportation, and day care for children in foster-care homes. Title IV-E includes very complex paperwork and federal requirements, and is best used for children already involved with the child protective services system. For children in the system, IV-E can be used for pre-school, after school, and summer school, as well as case management. Eligible services could be provided on school grounds.
Title IV-F, Social Security Act, Jobs Program	Title IV-F was created by the Family Support Act of 1988 (FSA) and provides federal matching funds for the Job Opportunity and Basic Skill Training Program (JOBS). JOBS funding includes the cost of the program operation and support services such as child care transportation, tools, and books. Some states target AFDC clients for services. Local and state funds from other stage agencies can draw down FFP to provide enhanced education, training, and employment-related services through a contract and memorandum of understanding. Federal regulations require the state to provide some mandatory and allow for some optional services. The state plan describes how services will be delivered. Salaries of staff assigned full time to JOBS activities are matched at a 60% federal rate. Other administrative costs, including client transportation, are matched at 50%. AFDC-eligible teen parents could be covered for case management and other school-based supportive services.
Title V, Social Security Act, Maternal and Child Health Block Grant	The Maternal and Child Health Block grant (MCH) was established in 1981 as a consolidation of seven programs operating since 1935 designed to serve children and pregnant women. Eligibility for MCH is set by individual states and federal appropriations. MCH block grant funds go to local health departments that could be linked to school-based services. Schools could also apply directly for MCH funds. The state plan describes how services will be delivered. Funds are distributed to states based on the state's proportion of low-income children, ages birth through age 21, at a matching rate of 75% federal money. Funds may be used to provide health services and related activities, including planning, administration, education, and evaluation activities. States must assure mothers and children access to quality maternal and child health services, reduce infant mortality and incidence of preventable disease and handicapping conditions, increase the number of children appropriately immunized, and increase the number of low-income children receiving health assessments and follow-up services. The program must be coordinated with EPSDT. Some states help support public health service clinic services using this funding. Collaboratives could use these funds to provide funding for integration of services.

Title XIX, Social Security Act, Medicaid	Medicaid was created in 1965 through Title XIX of the Social Security Act and is a state-administered program to provide health services to the poor. Each state submits a plan and amends the plan as necessary. The plan establishes income guidelines, definition of medical need and amount, and duration and scope of covered services. Each state sets the criteria for provider certification and enrolls providers. States have a good deal of leeway in putting together a plan. Beyond the core mandated services, states may choose up to 31 optional benefits. Case management is an optional benefit offered in many states that could be advantageous to collaborative efforts. States may choose to expand a category known as "rehabilitation services" which are defined as "any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts for maximum reduction of physical or mental disability and restoration of any individual to his best function level" (section 4719 of the U.S. Omnibus Budget Reconciliation Act of 1990). All states participating in Medicaid must provide Early Period Screening, Diagnosis, and Treatment Services (EPSDT). The EPSDT provides comprehensive, well-child health care services and medically necessary treatment services to all Medicaid-eligible children birth through age 21. The EPSDT is designed to detect, diagnose, and fully treat children's health needs. Basic benefits include health screening, vision, dental, hearing, and other necessary health care services. EPSDT could be used to finance special education-related services, case management services, and outreach, screening, and health prevention. EPSDT is very flexible and can reimburse for administrative costs as well as specific medical treatments.
Title XVI, Social Security Act, Social Security Disability Insurance (SSDI)	The Social Security Administration is required to give children an individual functional assessment (IFA) to determine whether a child's impairment so restricts his or her ability to engage in age-appropriate behaviors or activities that the impairments are comparable to those that would render an adult disabled. The basic eligibility requirements are a disability (conduct disorder diagnosis is defined as a disability), limited income and resources, and citizenship/residency.
Title XX, Social Security Act, Social Services Block Grant	States determine through a plan how services will be delivered. Services may include child care, protective services for children and adults, services for children and adults in foster care, transportation services, and services to special populations such as children with emotional disturbances, etc. Administration, personnel training and retraining, conferences or workshops ad the purchase of technical assistance may also be provided under the plan. Some states use these funds as cost sharing funds with children's mental health funds. This provides a definite funding opportunity for collaborative efforts. Most services that are offered in an interagency collaborative effort would be eligible for funding under Title XX.
Vocational-Technical Education Programs	The focus of vocational-technical education is to improve the quality of life for youth and adults, individuals and family members to prepare them to become self-sufficient. This is accomplished through concentrating resources on improving vocational education leading to academic and occupational skill competencies for paid and unpaid employment.

OSFEP
Office of State and Federal Education Programs
Division of Public Schools
522 FEC 488-6547

FUNDING OPPORTUNITIES

October 16, 1995

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ELEMENTARY & SECONDARY EDUCATION ACT $$

Title: Coordinated Services Projects

Eligibility: Local education agencies, or in the case of no governing LEA, by an individual school or group of schools.

Description: The Education Department is inviting applications for school districts to use a portion of their federal funds to provide health & social services through a coordinated site at or near a school. Coordinated services link public & private agencies with the schools to improve the access to health & social services for students & their families, including addressing inadequate or substandard nutrition, healthcare & living conditions that adversely affect the ability of children to learn. ED will approve waivers for applicants to use up to 5 percent of all their Elementary & Secondary Education Act discretionary funds (both formula & competitive) in any fiscal year to provide the coordinated services. Applicants may not use funds for the direct provision of any health or health-related service. This application also applies to the waiver of an annual reporting requirement that otherwise would apply to those projects.

Application Date/Deadline: None.

CFDA#: N/A

Source: September 12, Federal Register.

Contact: Jeanne Jehl, Office of Elementary & Secondary Education, Education Department, 600 Independence Ave. SW, Portals Bldg., Room 604, Washington, DC 20202-6123, (202) 260-1854.

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1995 ESEA Funds Available to LEAs for Schools for Coordinated Services Projects*

Programs for Disadvantaged Children (Title I)

Basic LEA Grants	Title I, Part A, Section 1124(a)	CFDA # 84.010
Concentration Grants	Title I, Part A, Section 1124(A	CFDA # 84.010
Setaside for BIA/outlying areas	Title I, Part A, Section 1121	CFDA # 84.256
Capital expenses for private school children	Title I, Part A, Section 1120(e)	CFDA # 84.016
Even Start Family Literacy program	Title I, Part B	CFDA # 84.213, 84.214, 84.258
Migrant Education	Title I, Part C	CFDA # 84.011
Prevention and Intervention Programs for children and Youth who are Neglected, Delinquent, or At Risk of Dropping Out	Title I, Part D	CFDA # 84.013
State School Improvement	Title I, Part A, Sections 1116 and 1117	CFDA # 84.218

Impact Aid (Title VIII)

Basic Support Payments	Title VIII, Section 8003(b)	CFDA # 84.041
Payments for children with disabilities	Title VIII, Section 8003(f)	CFDA # 84.041
Payments for heavily impacted districts	Title VIII, Section 8003(f)	CFDA # 84.041
Payments for federal property	Title VIII, Section 8002	CFDA # 84.041

School Improvement Programs

Eisenhower Professional Development Program	Title II, Part B	CFDA # 84.281
Innovative Education Program Strategies	Title VI, Part A	CFDA # 84.298
Arts in Education	Title X, Part D	not applicable
Public Charter Schools	Title X, Part C	CFDA # 84.282
Instruction in Civics, Government and the Law	Title X, Section 10602	CFDA # 84.123
Magnet School Assistance	Title V, Part A	CFDA # 84.165
Women's Educational Equity	Title V, Part B	CFDA # 84.083
School Dropout Prevention Demonstration program	Title V, Part C	CFDA # 84.201

Foreign Language Assistance program	Title VII, Part B	CFDA # 84.249, 84.293, 84.294
Safe and Drug-Free Schools and Communities - state grants	Title IV, Part A, Subpart 1	CFDA # 84.186
Safe and Drug-Free Schools and Communities - National programs	Title IV, Part A, Subpart 2	CFDA # 84.184
Education for Native Hawaiians	Title IX, Part B	CFDA # 84.208, 84.209, 84.210, 84.221, 84.296, 84.297
Education Infrastructure	Title XII	CFDA # 84.284

Indian Education

LEA Grants	Title IX, Part A, Subpart 1	CFDA # 84.060
Special programs for Indian children	Title IX, Part A, Subpart 2	CFDA # 84.061
Special programs for adult Indians	Title IX, Part A, Subpart 3	CFDA # 84.062
National activities	Title IX, Part A, Subpart 4	CFDA # 84.299

Bilingual and Immigrant Education

Bilingual Instructional Services	Title VII, Part A, Subpart 1	CFDA # 84.003, 84.288, 84.289, 84.290, 84.291
Bilingual Support Services	Title VII, Part A, Subpart 2	CFDA # 84.194, 84.292
Bilingual Professional Development	Title VII, Part A, Subpart 3	CFDA # 84.195
Immigrant Education	Title VII, Part C	CFDA # 84.162

Education Research, Statistics, and Improvement

Eisenhower Professional Development - national activities	Title II, Parts A and C	CFDA # 84.168
Technology for Education - K-12 Technology Learning Challenge	Title III, Part A, Section 3136	CFDA # 84.302, 84.303
Star Schools	Title III, Part B	CFDA # 84.203
Fund for the Improvement of Education	Title X, Part A	CFDA # 84.215
Javits Gifted and Talented Education	Title X, Part B	CFDA # 84.206
21st Century Community Learning Centers	Title X, Part I	CFDA # 84.287
Civic Education	Title X, Part F, Section 10601	CFDA # 84.215

*Funds may not be available under some of these programs for FY 1995, as some of the programs have been proposed by the U.S. House of Representatives or the U.S. Senate for rescission.

Examples of Goals, Objectives, and Measurements Used in Full Service School Initiatives

Goal	Objective	Measurement
THE STUDENT		
Increase School Achievement	Grade-point average	Self-report
	Standardized test scores	School records
	Absenteeism	School status: enrolled/dropped out/ re-enrolled/moved/ graduated
	Student attitude	Self-report Teacher rating: in-class behavior/teacher observation
Decrease Teen Pregnancy	Student attitudes toward sex and contraception	Self-report
	Student knowledge about sex and contraception	Self-report
	Contraceptive use	Self-report, medical records
	Pregnancy	Self-report, medical records
	Repeat pregnancy	Self-report, medical records
	Live births	Self-report, medical records
Increased Social Skills	Ability to withstand peer pressure	Self-report, role play, observations
Increased Cardiovascular Fitness	Diet: fat or salt content	Self-report, observation of lunches, analysis of school lunch
	Cholesterol level	Blood test
	Blood-pressure level	Physical exam
	Percentage overweight	Physical exam
	Exercise levels	Self-report, observation
Mental Health Improvement	Suicide attempts	Self-report, medical records, police records
	Depression	Standardized test scores

Goal	Objective	Measurement
THE SYSTEM		
Streamlined Procedures	Existence of new simpler forms	Agency files
	Number of contacts	Program logs
		Number of contacts families have with multiple agencies
	Time spent waiting for service	Observation, family interviews, time/task analysis
Improved Service Utilization	Services offered by partner agencies	Agency report
	Services used by participants	Program logs, parent interviews
	Referrals to other agencies	Program logs, copies of interagency referral forms
	Multi-Service Delivery Plan	Evidence of plan and collaborating partners
	Utilization rate of automated service delivery line	Computer report of rate of use of computerized access to directory of services
THE FAMILY		
Decreased Child Abuse and Neglect	Reports to child protection agencies	Self-reports, agency reports
		Court decisions
		Removal of child from home
Increased Parent/Child Interaction	Ability to promote child	Self-report, home visitor observation
	Amount of time spent	
	Parental attitude toward	
Improved Parental Attitudes toward Community Institutions	Parental attitude toward community institutions, schools and collaborating partners	Self-report, agency personnel interview, observation

Goal	Objective	Measurement
THE COMMUNITY		
Increased Awareness of Collaborative	Number of stories on issues addressed by the initiative	Number of local newspaper, TV, and radio reports
Decrease in Community-Wide Indicators	Teen pregnancy, child abuse and neglect, school dropout rates, unemployment rates	Community-wide rates, vital statistics, county records, census data, agency records
Increase in Child Advocacy	Volunteer hours Amount of funding for issues addressed by the initiative	School and community agency volunteer logs, examination of city/county/agency budgets

Outcome Indicators And Suggested Measurements (adapted from [145])

Goal (or outcome)	Objectives (or indicators of outcome)	Suggested Measurements
Advocacy for Children & Families	Rates of volunteerism Amount of funding for children's programs	Logs of volunteer hours per program site, documentation of funding received from school/county/agency budgets
Child Abuse or Neglect Prevention	Rates for program participants (reports to child protective agencies; court decisions; removal of child from biological family) Rates of prevention cases that do not go on to receive intensive intervention from another agency	Logs of caseworker and investigator activities or reports generated by agencies providing services, court house records, arrest records, agency logs
Community-Wide Rate Reductions	Teen pregnancy reduction Child abuse & neglect reduction Unemployment Recidivism within the juvenile justice system	Check for existing reports completed on a community-wide system already in place. If none are in existence, set up means for collecting data from census data, agency records, vital statistics, county records.
Costs & Cost Efficiencies	Sources of funding Amount of funding Direct cost of services & personnel Indirect costs of services & personnel Use of time studies for individual personnel Rates of use for physical facilities	Document each source of funding with amount. Use of cost reports generated at each program site. Standard calculations for all sites for indirect costs of services & personnel. Use time sheets to conduct time on task analysis.
Drug, Alcohol, Tobacco Use Reduction	Rates of use: rate decreased Student attitudes toward use Student knowledge of drug effects	Self-report through student survey, rate of arrest records, agency logs of referrals, student attitude survey, pre- and post-test design of knowledge gained from instruction
Enhancement of Home Environment	Ability to promote child development Safety Enrollment in-home counseling programs Child/family interaction	Self-report, observation by home visitor, medical records, agency logs

Goal (or outcome)	Objectives (or outcome indicators)	Suggested Measurements
Enhancement of Community Connection	Parental attitudes toward schools & partners Parental knowledge of community services available Rates of community partnership and participation	Self-report, agency logs of referrals to other interagency partners, rates of use of community resources based on agency logs
Enhancement of Parent-Child Interaction	Increase in parent participation for at-home and/or at-school events Improvement in parent-child interaction	Activity logs of at-home and school events, observation, self-report, family support plan progress goals met
Family Education & Participation	Parent participation in student-teacher conferences Family satisfaction with services	Logs of conferences, self-report, observation
Improvement of Service Utilization	Services offered by partner agencies Services used by participants Referrals to other agencies Services delivered by other agencies Patterns of utilization across different groups of students & parents Comprehensive multi-service delivery plan Utilization rates of automated service directory (hotlines or rates of use for computerized access to directory of services)	Agency report, program logs, parent interviews, copies of interagency referral forms, evidence of plan and collaborating partners, computer report of rate of use of computerized access to directory of services
Improvement of Service Availability	Service delivery policy Directory of available services & programs Directory of businesses that support available services & programs Computerized automation of information Installation of directory of services telephone hotline Installation of directory of services computerized access	Evidence of directories and system for keeping information current, documented progress toward automated information referral system, log of referral system
Increase in Community Awareness	Number of stories on initiative Number of stories on issues addressed by the initiative	Number of stories covered by each type of media (T.V., radio, newspaper, other)

Goal (or outcome)	Objectives (or outcome indicators)	Suggested Measurements
Interagency Collaboration Enhancement	Existence of memoranda of understanding Frequency of meetings among partner agencies Existence of steering committee with representation from partner agencies Partner satisfaction with partner arrangements Existence of waivers to document changes in funding streams Existence of interagency parental consent forms	Copies of memorandums, agreements, and consent forms, logs of meeting dates, survey, documentation of process to obtain waivers
Job Placement	Job rates while enrolled in school Job rates after exit (graduation, dropout) Job rates after employability training component Post-secondary job readiness	Agency records, self-reports, standardized tests
Mental Health Improvement	Suicide rates Scores on depression scales Scores on self-esteem scales Satisfaction with services Enrollment in mental health counseling	Self-report, medical records, police reports, standardized tests, agency records
Parental Mental & Physical Health	Suicide rates Scores on depression scales Scores on self-esteem scales Satisfaction with services Enrollment in mental health counseling Blood pressure Cholesterol level Pulse rate Body weight Exercise levels Health education classes	Self-report, medical records, police reports, standardized tests, physical examinations, pre- and post-testing for educational component

Goal (or outcome)	Objectives (or outcome indicators)	Suggested Measurements
Physical Health Improvement	Diet & nutrition test scores	Pre- and post-testing, blood test, physical examination, self-report, agency logs, time/task analysis, attendance rates
	Cholesterol level	
	Blood pressure level	
	Percent overweight	
	Exercise levels	
	Health education classes enrollment	
	Health education classes grade point averages	
	Health professional available — hours of services, percentage of time in direct contact services	
	Wellness fair with screenings	
	Clinic referrals for sickness/accidents	
School Achievement	Grade point average	School records, teacher observation, self-report, pre- and post-testing, standardized test scores, community-wide indicator reports from vital statistics and census data, teacher ratings, teacher observation, agency records.
	Homework completion rates	
	Classwork completion rates	
	Acquisition of computer skills	
	Standardized test scores	
	Absenteeism/Attendance rates	
	Promotion rates	
	Dropout rates	
	School reentry rates for dropouts	
	Student attitudes towards school	
	Teacher ratings of student performance	
	Observation of in-class behavior	
	GED completions	
	Vocational education completions	
	Scholarships awarded	

Goal (or outcome)	Objectives (or outcome indicators)	Suggested Measurements
Social Skills Enhancement	Ability to withstand peer pressure (e.g., in role playing, observations of class behavior, on the playground) Rates of juvenile delinquency Rates of disciplinary referral Rates of corporal punishment Rates of suspension/expulsion Rates of suspension/expulsion (violence or drug related) Rates of repeat offense	Observation, community-wide indicators from agency records, vital statistics or census data, school records, arrest records, court records
Streamlined Procedures	Existence of new, simpler forms Number of family contacts with multiple agencies Time spent waiting for services	Agency files, program logs, number of contacts families have with multiple agencies, observation, family interviews, time/task analysis
System Improvement	Safe, orderly environment Program appropriateness Use of volunteers Dissemination of services available Augmentation of paraprofessional personnel (e.g., media specialist, career counselor, nutritionist, etc.) Staff attendance at sensitivity workshops	Observation with checklist, program logs, self-report, logs of dissemination activities, evidence of new job descriptions, agency logs
Teenage Pregnancy Prevention	Student attitudes towards sex & contraception Student knowledge about sex & contraception Rates of contraceptive use Rates of pregnancy (self-report, clinic report) Rates of repeat pregnancies Live birth rates Weights of newborn	Self-report, pre- and post-testing, vital statistics, medical records, physical examinations, agency records

Goal (or outcome)	Objectives (or outcome indicators)	Suggested Measurements
Use of Extracurricular Activities	Use of extended day programs Enrollment in tutorial programs Enrollment in vocational/career counseling programs Enrollment in weekend & vacation programs Enrollment in summer programs Use of adult education opportunities Number of extracurricular activities offered per site	Agency logs

Data Collection Guidelines

Methods

Data collection can be as individual as the cooperating partners in your program design. The method or methods that you choose to collect data can be based on available resources OR the inclusion of additional resources for data collection. Listed below are a few of the possible data collection methods.

Checklists

Checklists offer an opportunity to collect a lot of information in a simple format. Data gathered from the checklist can be difficult to analyze. Be careful of checklists that require a lot of information from families without accommodating for limited English proficiency, cultural differences, and low reading levels. Many checklists are designed to be used with an individual giving oral directions as opposed to an independent activity. This approach allows the opportunity for clients to receive additional information and clarification of questions.

Client Information Forms

Client information forms vary in scope from the request for basic information to comprehensive family needs assessments. Whenever possible, do not duplicate information collected from families! Consider the use of interagency client information (single intake or centralized intake) and confidentiality forms. One of the major frustrations for families is that they must provide the same information to every agency. Only collect the information that is NEEDED for program implementation and planning! Be careful to consider limited English proficiency, cultural differences, and low reading levels in the design of the form.

Computerized Retrieval of Data

Data that is already existing in computerized systems is one of the most cost-effective and efficient methods of documenting program success. Look for existing resources at the school and agency level to determine what types of statistics are in existence, how information is being collected, what types of reports are being generated, and how frequently data is reported.

This strategy is especially effective when addressing community-wide outcome indicators. The use of computerized data also offers incredible opportunities for needs assessment decisions and addressing program success.

Data in existing computerized systems can be retrieved a number of ways. Reports from the data may be printed on disk or on paper. "Batch" files may be generated in a computerized format. These batch files may be matched with other computerized data to provide matches between information sources. Spreadsheet and database programs can be designed to collect and report information in a variety of formats.

Be careful of additional data entry burdens. If you determine additional information should be automated, plan for additional resources in grant funding. These resources may include a data entry position and a computer programmer to design programs. Universities are excellent resources to locate students majoring in the system science field who may be willing to assist in designing and automating a computerized system for retrieval of data.

Emerging technologies hold great promise for information retrieval across computer systems. This method of data collection deserves special attention in the areas of access and confidentiality.

Hand-Tallies and Tabulations

When computerized access is not available, paper and pencil collection techniques such as hand- tallying and making simple tabulations of records and results is used.

Depending on the organization of the data that is being collected, this can be an extremely time and labor-intensive process.

Pre- and Post-Testing

When determining the change of participant knowledge levels on a particular topic, pre- and post- testing procedures can be a practical way of collecting information. Use the pre-test to measure basic understanding of the goals of the program in addition to questions on the specific information that will be presented in the program. A minimum level of mastery (i.e., 80% mastery of the subject matter by 80% of participants) can be set as part of the outcome indicator for program success. An interesting extension of this activity includes post-testing a second time after a period of time has passed to determine long- term academic gains.

Review of Reports and Records

Information may be collected through the review of existing or newly generated reports and records. A review should consist of a systemized way of gathering the same kinds of data. In order to ensure reliability of data, make sure that the data being collected has similar definitions of terms. For instance, if you are monitoring the number of families receiving "prevention" services are not subsequently referred for crisis counseling, the terms "prevention" and "crisis counseling" must be clearly defined.

Be careful of creating new paperwork burdens! Reports and records need to be as SIMPLE as possible. Whenever possible, do not duplicate reporting requirements that are already required by other funding sources. Ask staff involved in the data collection to participate in the design of any new reporting forms! This will provide an opportunity to design a user friendly format, and you will be more likely to receive the support needed to collect the information.

Sign-in Sheets and Program Participation Logs

The rate of program participation can be easily documented through the use of simple sign-in sheets and logs. When designing these forms, consider all of the information that you want to collect. Most funding resources want basic information such as ethnic background, gender, age and the type of service that was delivered.

Surveys

Surveys offer an opportunity to collect information from a large population of individuals in a short period of time. Surveys may be administered individually, in group settings, or in community settings. They may take the form of an individual questionnaire, a telephone survey, or consensus numbers within a group (i.e., please raise your hand if you feel like there is a need for additional health services at this school site.). Pre- and post-attitudinal surveys are often given on topic areas to assess changes in client perception such as satisfaction with services and attitudes toward school and education.

Access surveys that have been used previously, and review the results of the surveys to determine if the formats meet the needs of your program. Surveys that are not carefully constructed can easily be a waste of time, energy, and resources (see Chapter 3 for additional information on constructing surveys).

Testing Service Reports

Many school systems and support services contract for nationally normed testing to determine student behaviors, community profiles, and program success rates. These tests offer the strength of comparison with larger populations outside of the immediate geographic area. Check for existing testing service reports in addition to the possibility of contracting with a testing service to monitor program success in areas such as drug and alcohol abuse.

Tracking

An exciting opportunity to determine program success over time is to determine a target group of individuals to follow over a time period. This approach offers an exciting opportunity to determine program success. An example of this approach was used to document the success of the federally funded Head Start program. If this data collection method is used, carefully scrutinize which indicators will be used, which participants will be tracked, what period of time will be monitored, how indicators will be uniformly defined and collected, and how to deal with mitigating factors (i.e., migrant rate within the population).

Data Collectors

After deciding on the method of data collection that will be used in your evaluation design, individuals responsible for collecting the data must be identified. When dealing with multi-agency initiatives, the broader the scope of data collection, the more comprehensive your program evaluation component will be. Those involved in the evaluation of the program are more likely to have a "stake" in the program success. Feedback is critical! Any person reporting information for the evaluation of a program should receive a summary of the program evaluation and opportunities to periodically review the data that is being collected.

When considering who should collect data for program evaluation, review your list of program participants. Any person(s) vested in program results can be considered as a possible data collector.

Cooperating Teams or Committees
Staffing Committees
Teacher Support Teams
Parent Teams and Organizations
Any agency delivering services
Extended-Day Child Care Workers
Project and Coordinating Project Administrators
Evaluator from the School District
Directors of Special Programs
Site-Based Coordinators
School Personnel
Attendance Specialist
Media Specialist
Teachers
Resource Aides
Other School Staff

Placement Committees
Student Services Coordinator or Staff
Multi-Agency Teams
Partner Agencies
University or Community College Personnel
Staff, Coordinators, Administrators
Contracted Evaluator Service
Data Processing or Management Information Systems Directors
Coordinators of Special Programs
Teacher Coordinators
Data Entry Clerk
Dropout Prevention Teachers or Coordinators
Principal
Counselors
Dean
Project Staff

Positions providing direct services such as caseworkers, family resource specialists, counselors, tutors, volunteer coordinators, etc.

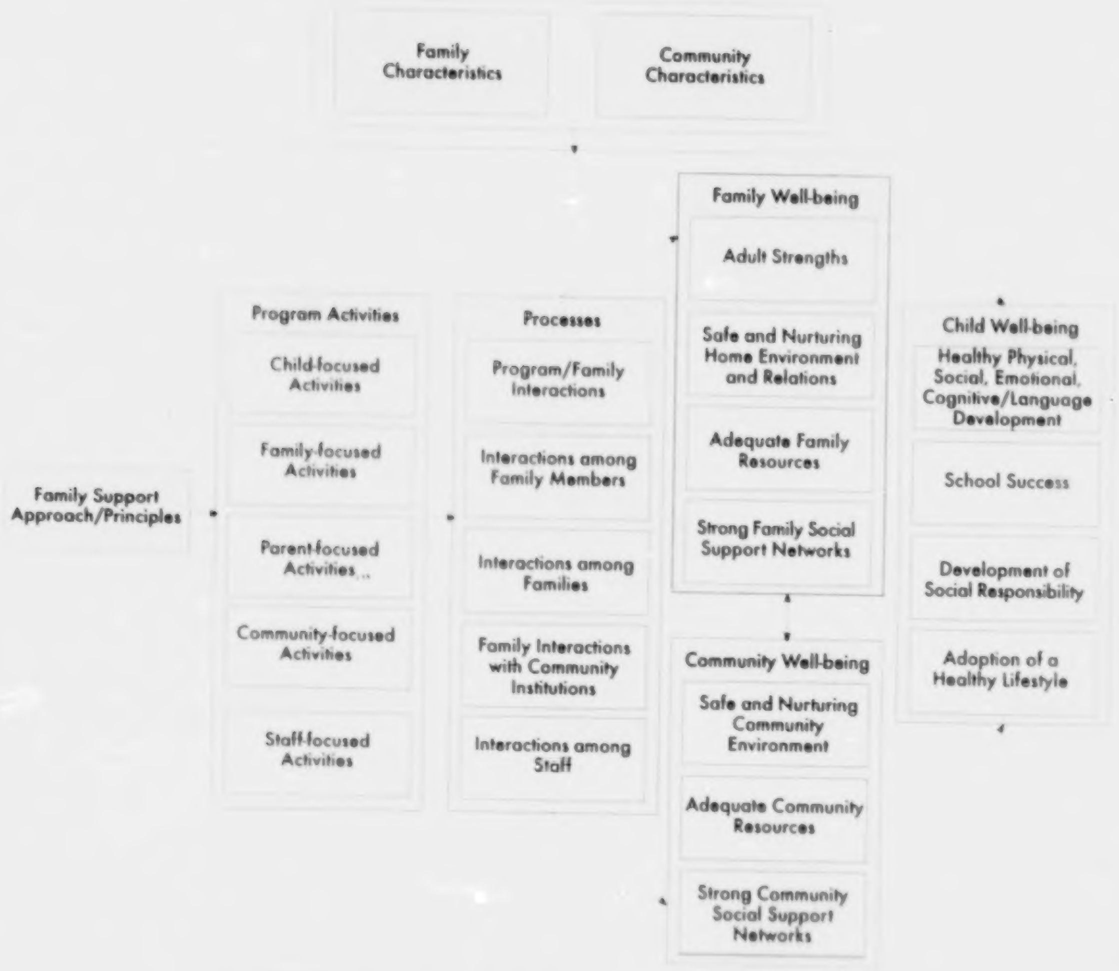
System of Reporting and Accountability

Whatever methods of reporting data collection are decided upon, your program must include an organized, systematic method for data collection. Most outside funding sources mandate reporting periods which will dictate the schedule for collecting program data. Beginning programs should consider a data collection design that requires monthly reporting of statistics to a central person or office. Having one person responsible for the review of information is critical from the beginning stages of the program. Providing a mechanism for dissemination of results, discussion of outcomes, and collaborative decision-making based on program results is critical.

The following list will help you develop solid data collection and analysis strategies:

- An overriding concern in data collection is to ensure individual and family confidentiality (Chapter 6). When in doubt, obtain caregiver permission for access to any individual's files or records. Arrange to receive confidential information by identification code — sometimes called a "pseudocode" — instead of by name.
- Negotiate with community testing and evaluation offices for access to existing data about children and families.
- Obtain help in data collection and analysis from an outside agency, for example, an educational research center or laboratory, university education department, a health and human services board or children's council, a local teachers' union, or a graduate student who could receive course credit.
- Use existing data collection forms whenever possible. If such forms do not exist, ask agency personnel who are on-site at the full service school for input on the forms' design.
- Use averages and percentages to show projected performance and behavioral changes over time.
- Use computer-generated graphics to emphasize the impressiveness and significance of your program's projected results.
- Establish reporting schedules — weekly, monthly, midterm, for example — to minimize the stress of analyzing data.
- Give feedback to every person or agency who submits data to you.
- Use the data. Keep stakeholders informed of the proposal's progress, and make changes in service delivery plans or funding requests based on the data.

Conceptual Model of Family Support [116]


Family Characteristics
Community Characteristics
Family Support Approach/Principles
Program Activities
Child-focused Activities
Family-focused Activities
Parent-focused Activities
Community-focused Activities
Staff-focused Activities
Processes
Program/Family Interactions
Interactions among Family Members
Interactions among Families
Family Interactions with Community Institutions
Interactions among Staff
Family Well-being
Adult Strengths
Safe and Nurturing Home Environment and Relations
Adequate Family Resources
Strong Family Social Support Networks
Community Well-being
Safe and Nurturing Community Environment
Adequate Community Resources
Strong Community Social Support Networks
Child Well-being
Healthy Physical, Social, Emotional, Cognitive/Language Development
School Success
Development of Social Responsibility
Adoption of a Healthy Lifestyle

Polk County School System
Family Service Schools Program

Student Evaluation Form
Grades PreKindergarten through Sixth

We are gathering information about the Family Service Schools Program. Teacher evaluation of students, both before and after the Family Service Schools' Staff has worked with them, is very important in determining the value of the Program.

Please take a few minutes and consider the following sets of indicators. For each set, check the space that shows how close you think the student's status is to either the indicator on the left or right side. If you think the student's status is equal in distance from the indicators on the left and right sides, then place a check in the middle. Write N/A for items that are not appropriate for the grade level. If you are unable to determine the student's status for a set of indicators, write D/K for "don't know."

Thank you for your assistance in improving the Family Service School Program.

Date: ________________

Student's Name: ____________________________________

Student's Id#: ______________ Grade: ________ Age: ________

Your Name: ____

1. Is in attendance.	___	___	___	___	___	1. Is not in attendance.
2. Is on time.	___	___	___	___	___	2. Is tardy.
3. Appears clean and neat.	___	___	___	___	___	3. Appears unkempt.
4. Appears happy and untroubled.	___	___	___	___	___	4. Appears worried or troubled.
5. Has no physical problems.	___	___	___	___	___	5. Complains of physical problems.
6. Is able to concentrate on tasks.	___	___	___	___	___	6. Is unable to concentrate on tasks.
7. Is not hungry.	___	___	___	___	___	7. Is hungry.
8. Is well clothed.	___	___	___	___	___	8. Needs clothing.
9. Has adequate housing.	___	___	___	___	___	9. Has inadequate housing.
10. Has good hygiene	___	___	___	___	___	10. Has poor hygiene.
11. Is not easily frightened.	___	___	___	___	___	11. Is easily frightened.
12. Appears alert.	___	___	___	___	___	12. Appears sleepy.

13. Seeks appropriate amount of attention or affection.	___ ___ ___ ___ ___	13. Seeks attention or affection constantly.
14. Interacts well with others.	___ ___ ___ ___ ___	14. Is withdrawn.
15. Is interested in classroom activities.	___ ___ ___ ___ ___	15. Is disinterested in classroom activities.
16. Is interested in age appropriate activities.	___ ___ ___ ___ ___	16. Is disinterested in age appropriate activities.
17. Shares appropriate information with classmates.	___ ___ ___ ___ ___	17. Shares inappropriate information with classmates.
18. Displays appropriate attitude toward issues related to tobacco, alcohol, or other drugs.	___ ___ ___ ___ ___	18. Displays inappropriate attitude toward issues related to tobacco, alcohol, or other drugs.
19. Shows no signs of effects from substance abuse.	___ ___ ___ ___ ___	19. Shows signs of effects from substance abuse.
20. Displays self-control.	___ ___ ___ ___ ___	20. Displays volatile behavior.
21. Shows initiative.	___ ___ ___ ___ ___	21. Shows no initiative.
22. Shows no signs of being abused.	___ ___ ___ ___ ___	22. Shows signs of abuse and abuse has been documented.
23. Child receives needed health services.	___ ___ ___ ___ ___	23. Child is in need of health services.
24. Has excellent grades.	___ ___ ___ ___ ___	24. Has failing grades.
25. Has grades consistent with potential.	___ ___ ___ ___ ___	25. Has grades below potential.

26. Please add any comments that may help the Family Service staff serve this child.

____

____

____

____

Polk County School System
Family Service Schools

Results of Survey of Barriers to Student Development
School Year 1994-95
Executive Summary

The purpose of using the Survey of Barriers to Student Development Form is to determine the degree to which the Family Service Schools Program is effective in meeting its objectives. The form is being jointly developed by the Program Director and the Director of the Department of Research and Evaluation (DRE). The form is completed by the classroom teacher pre- and postservice and is submitted to the DRE for analysis. A copy of the results in tabular form is attached.

A comparison of the second year pre-post (1994-95) results indicate that the students' performance was significantly improved as follows:

1. Students' academic achievement increased in language arts and mathematics and their grades were consistent with their perceived potential.
2. Students were able to concentrate on assignments better and their school attendance increased.
3. Students appeared less worried or troubled and complained less of physical problems.
4. They were less easily frightened and were not as withdrawn.

Areas where students did not improve were being on time to class, appearing well kept, not needing basic resources (food, shelter, clothing, etc.), and appearing alert. Additionally, the students did not seem to improve relative to seeking appropriate levels of affection or attention, displaying appropriate attitudes toward issues related to drug or alcohol use, and showing fewer signs or effects from substance abuse.

School Board of Polk County
Family Service Schools Program
Results of Survey of Barriers to Student Development
School Year 1994-95
Number = 134

Table 2
Preservice Versus Postservice Barrier Reduction Indices and Their Ranks
Scale: 5 = Never, 4 = Seldom, 3 = Sometimes, 2 = Frequently, 1 = Always

	Preservice		Postservice		Barrier Reduction	Rank Order of
	Mean	SD	Mean	SD	Index*	Index
1. Not in attendance.	3.62	1.08	3.69	.95	.07	4
2. Is tardy.	3.90	.94	3.88	.93	<.01>	9
3. Appears unkempt.	4.02	1.08	4.01	1.10	<.01>	9
4. Appears worried or troubled.	3.62	1.10	3.67	1.05	.05	5
5. Complains of physical problems.	3.83	1.11	3.87	1.08	.04	6
6. Unable to concentrate on assignments.	3.28	1.29	3.43	1.19	.15**	1
7. Appears to need basic resources (food, shelter, clothing, etc.)	4.18	1.06	4.16	1.08	<.01>	9
8. Failing grades in Language Arts areas.	3.57	1.27	3.70	1.16	.13**	3
9. Falling grades in Mathematics areas.	3.65	1.24	3.69	1.14	.04	6
10. Grades inconsistent with potential.	3.55	1.17	3.69	1.04	.14	2
11. Easily frightened.	4.20	1.05	4.23	.96	.03	7
12. Appears sleepy.	3.95	1.06	3.95	1.06	.00	8
13. Seeks affection or attention constantly.	3.59	1.31	3.49	1.22	<.10>	12
14. Is withdrawn.	3.92	1.08	3.97	1.08	.05	5
15. Is disinterested in age appropriate activities.	4.19	.85	4.26	.83	.07	4
16. Shares inappropriate information with classmates.	4.29	.97	4.29	.92	.00	8
17. Displays inappropriate attitude toward issues related to drug or alcohol use.	4.69	.65	4.63	.70	<.06>	11
18. Shows signs of effects from substance abuse.	4.78	.60	4.74	.59	<.04>	10
Total	70.71	10.93	71.35	10.80	.64	

*The higher the index, the greater reduction of the barrier.

**Statistically significant at or below .05

Consent to Share Information

I authorize the following organizations providing specialized services and cooperating agencies to exchange information related to ________________ (student name). This information will be kept confidential by the receiving organization or cooperating agency.

Educational Service Organizations
Social Service Agencies
Law Enforcement Agencies
Mental Health Service Providers
Health Care Providers

The information exchanged will be used to provide medical, education, and welfare management services in the best interest of the student.

I understand that personal records are protected by various federal and state laws and cannot be disclosed with this, my written consent, unless otherwise authorized. I have received and understand the informational flyer on confidentiality and information sharing.

CONSENT:

________________	________________	________________
Signature	Relationship	Date
________________		
Name (PRINTED)		
________________		________________
Student Signature (optional)		Date
________________		________________
Witness		Date

This form has been sent to:

____________________________	________________
Agency Name	Date
____________________________	________________
Agency Name	Date
____________________________	________________
Agency Name	Date

K-221 Sharing Information

Informational Flyer on Confidentiality

Suggested title: *Confidentiality in a Full Service School*

Increasingly, public school students are victims of complex social, emotional, health, and educational problems that were unheard of thirty or forty years ago. Children often bring problems to the school setting that make educational success difficult. As these problems increase, schools are becoming increasingly more involved in meeting the needs of children and families.

The Full Service School Program at your child's school brings health and human services from the community together with educational services in support of children and families.

In order to meet the needs of students and families, it is necessary to share information between these agencies in an attempt to provide the following benefits to you:

1. Ensure that you are getting the help that you need.
2. Ensure that your services are not interrupted.
3. Avoid duplication of services.
4. Reduce the number of times you have to fill out forms.
5. Provide services that are focused on your family's needs.
6. Protect your legal rights.
7. Provide more effective services and programs for you.

Assuring the individual's confidentiality rights are protected is always important. Information can be shared within the departments of one agency. Whenever personal information is to be shared between agencies so that you can benefit from additional services, your written consent is required. Only the information that is necessary to provide the services that you need will be released to another agency. Without written consent, your services may be delayed or limited.

We look forward to working with you to meet your needs and those of your family.

School-based Interagency Agreement

Parts of a School-based Interagency Agreement

1. *Period of agreement.* The period of period of the agreement also includes a list of the partners, initiation date, duration, and renewal dates. This section sets the parameters for renewal of the agreement.
2. *Witness section.* The witness section gives the writers an opportunity to document the program's mission and goals using "whereas" statements. Each collaborating agency may want to state its purpose for participating in the partnership.
3. *Services, reimbursement rates, and requirements, if applicable.* If money is exchanged, state the amount; if special personnel qualifications are required, so note. Note: if there is no exchange of money involved, this section may ensure a reporting schedule for data collection and evaluation of program outcomes. The type of service is described, along with the hours, locations, any additional revenue sources, reporting requirements, pay schedules, a breakdown of expenses, addresses of the provider and the funding agency, and a discussion of benefits and travel expenses.
4. *Hiring, supervision, and conflict resolution.* Document how an employee or volunteer will be hired and supervised. What will you do if personnel problems arise, such as poor attendance, inappropriate behavior, tardiness? Agree to a negotiation process before problems begin. The negotiation process may include an established personnel advisory board, a review and evaluation process, and a method for recommending removal of personnel who do not work out.
5. *Evaluation.* Document the importance of data collection as part of your full service school program's ongoing evaluation effort. You may want to specify what types of data must be collected and include a copy of any data collection forms in an attachment to the agreement.
6. *In-kind services.* The funding philosophy for a full service school promotes the utilization of existing resources. Document the resources that you are not paying for: supervision, screening and referral services, space, and data collection activities are examples of in-kind services that can be documented. Documenting these services in an interagency agreement has the advantage of verifying in-kind services for grant or other funding proposals.
7. *Information sharing/Confidentiality.* Collaborating agencies can reemphasize their philosophy or position in recognizing and safeguarding the confidential nature of case records and student information in conformance with all applicable federal and state laws, rules, and regulations. If guidelines have been developed for addressing confidentiality within the full service school setting, reference those guidelines in this section. If existing state laws reinforce the notion of sharing information in special circumstances, cite the law.
8. *Insurance.* Specify what liability coverage the collaborating agencies have; include written verification of liability protection if necessary.
9. *Retention of records.* Financial records, supporting documents, statistical records, and any other documents pertinent to the agreement should be preserved for a minimum of three years; some states require a five-year retention period.
10. *Publicity.* All notices, informational pamphlets, press releases, research reports, and other public notices that reference the full service school should have the prior approval of one person, one agency, or a representative team from collaborating agencies before release. This process will also help ensure family confidentiality.
11. *Renegotiation and notification.* Document a process for changing any part of the agreement by submitting requests for changes in writing.
12. *Assignment and subcontracting.* Can any portion or services of the program be assigned or subcontracted by either party? If so, establish a process of written notification for major changes.
13. *Civil rights/statement of assurance of nondiscrimination.* Many agreements reinforce equal employment opportunities by referencing Titles VI and VII of the Civil Rights Act of 1964. Depending on which agency has primary fiscal responsibility, this section may be a requirement for the contract.

14. *Indemnification clause.* An indemnification clause is a step toward minimizing liability. This clause is often referred to as the "hold harmless clause."

15. *Termination.* How can the agreement be terminated? We suggest that you provide for termination with or without cause, with a 30-day written notice to the other party.

16. *Attorney fees.* Standard contracts usually state that a provider of services understands and acknowledges that if the purchasing agency incurs any expenses in enforcing the terms of this agreement, whether or not a suit is brought, the provider agrees to pay all such costs and expenses, including but not limited to court costs, interest, and reasonable attorney's fees.

17. *Provisions for service.* Use this section to document what will be provided. Office space, utilities, equipment, furniture, clerical supplies, maintenance, telephone installation, and coordination activities are examples of services that may be provided by the agency that is housing the program. (*Appendix F contains a more detailed facilities agreement form that can be used to cover the use of a large space that has more than two or three collaborating partnerships.*)

18. *Language and form.* The document is written so that the feeling is very neutral.

19. *Copies of the agreement.* List the recipients of all copies of the agreement to avoid any confusion about who received signed copies.

20. *Signature page.* Include signatures, titles, addresses, and dates. You may want to include the signature of an attorney, all of the highest ranking administrative officials, and the signature of the full service school program manager.

Note: Sections may be added to cover such topics as training and staff development, definition of terms, movement of students to and from programs during the school day, or joint administrative functions and procedures.

SCHOOL-BASED INTERAGENCY AGREEMENT
between
XXXXX
and
XXXXX

1. **Partners, initiation date, duration and renewal:** This AGREEMENT made and entered in this ____ day of __________, _____ by and between XXXXXX, hereinafter called PURCHASING AGENCY and XXXXX, hereinafter called the PROVIDER, shall end on __________, ______. This AGREEMENT may be renewed each year upon mutual agreement by both parties.

WITNESSETH:

2. **WHEREAS**, the "Full Service Schools Program" exists to stimulate the creation of collaborative partnerships among education, health and human services providing agencies to more effectively and efficiently meet the needs of children, youth, and their families in support of children's success in school; and

WHEREAS, the PROVIDER desires to provide appropriate educational and early intervention opportunities at selected schools (*list names*) through provision of a Prevention Specialist to students who may be experiencing family problems related to substance abuse or indications of personal substance abuse;

Now, therefore, in consideration of the foregoing, the parties agree as follows:

3. **Services:**

* ***Note***: *If there is not exchange of money involved, this section may be included to insure a reporting schedule for data collection and evaluation of program outcomes.*

The maximum amount reimbursable to the PROVIDER by PURCHASING AGENCY under this Agreement shall be ____________ dollars ($xx,xxx.xx).

A. Level of expertise: PROVIDER agrees to provide a counselor with qualifications as follows: masters' level education, experienced licensed preferred, but an individual with a bachelor's level education with appropriate training and experience may fill the position. A particular criterion will be thorough knowledge of community resources.

B. Types of service: Any one of the following mental health and related services may be provided: individual, group and family counseling, classroom presentations, case management.

C. Hours, locations: Services will be provided 12 months per year at ____________School on school grounds, in family homes, in community centers, or at appropriate "summer camp" settings. Individual will provide 40 hours of week of service with at least 5 hours scheduled during evening hours convenient for parents. Attendance at Full Service Schools scheduled meetings may be billed toward weekly hours.

D. It is agreed that Full Service Schools Grant funds shall not be utilized for any service covered by any other funding source. In addition, the PROVIDER shall assess Full Service Schools clients for fees on the sliding scale as per agency policy. Provider shall keep accurate and complete records of any fee, reimbursement, or compensation of any kind, assessed against or collected from any client or other third party, for any service covered by this Agreement, and shall make all such records available upon demand. PROVIDER shall report such fee, reimbursement, compensation and funding to PURCHASING AGENCY for such payments received for each unit from all sources to the extent such payments exceed the actual cost per service. This reimbursement may be deducted from PROVIDER's invoices.

E. The PROVIDER shall provide PURCHASING AGENCY with monthly statements reporting hours worked and units of service delivery with signatures from school site employees certifying attendance. PROVIDER may choose to document units delivered in excess of contracted levels and not paid by any other source. The PURCHASING AGENY shall pay the PROVIDER monthly at an hourly rate of $_____. (If a rate schedule is used, delineate the service and rate per hour of each service.) The PROVIDER will invoice on a monthly basis by the __th of the month following the provision of services. The contract amount per month is for XXX hours; however, units of service so documented may be used to augment subsequent months' billings when service levels are lower than contracted amounts. Written justification for failing to deliver contracted service levels must be submitted with billing whenever this deficit occurs. Adjustments enabling PROVIDER to collect maximum monthly payment(s) for the month(s) showing unit shortages (or hourly shortages) will be made so long as written justification for uneven service delivery is submitted and justification is not in violation of the requirements for delivery of services. Allowable expenditures will include:

Salaries and benefits	$XXXXX
Materials and supplies	$XXXXX
Travel Expenses for staff directly involved in this program	$XXXXX
Postage	$XXXXX

NOTICES, AUTHORIZATIONS BILLINGS, AND REPORTS or any other documentation required by this agreement to be provided by one party to the other shall be sent as follows:

Full Service Schools Program Office
______________________________ (address)
____

F. The PROVIDER shall bear responsibility for all financial, clerical, and administrative duties in hiring the professional staff and PURCHASING AGENCY shall not be billed when a position is vacant and equivalent coverage is not provided.

G. The PROVIDER will provide all personnel with salary, benefits, and pay the employer's match of FICA. If travel expenses are reimbursable via this agreement, documentation must comply with state statute.

4. **Hiring and Supervision.** To assist in the ongoing interagency coordination, an administrative representative from the Full Service Schools Department of the School Board will be available to co-interview potential employees for the position. All final applicants in the interview process will participate in an interview with the school site administrator before formal employment. The job performance of the worker will be evaluated each semester by the PROVIDER Supervisor with the input of the Principal at the school site assigned. The PROVIDER supervisor and the Coordinator of the Full Service School project agree to meet as often as needed to solve mutual problems and plan for future operations.

5. **Evaluation**. Accurate and timely documentation and other requested information as required by the Full Service Schools Program shall be considered a factor in evaluating future funding requests. Invoices and/or documentation returned to PROVIDER for corrections shall be cause for delay in receipt of reimbursement.

6. **In–Kind services documented.** Consistent with the mission of the Full Service Schools Program, the PROVIDER has agreed to the following IN–KIND services including but not limited to the following:

a) Clinical supervision, training, and administrative management of professional staff (valued at $_______ per contract period).

b) Screening and referral of Full Service Schools clients for any of the range of services offered by the Full Service Schools network, such as counseling for truancy and runaway students, 24-hour crisis line counseling, case management, economic services, etc. (valued at $ _______ per contract period).

c) Attendance and participation in the Full Service Schools Oversight Council meetings.

d) On-going collaboration with PURCHASING AGENCY in endeavors to improve and expand the Full Service Schools concept.

e) On-going collaboration with PURCHASING AGENCY to collect data, evaluate, and report on services provided. Information will include: goals listed in treatment plan documents, number of services offered by category, and the percentage of students seen in prevention services who are not subsequently referred for significant at-risk behaviors.

7. **Information sharing.** The Parties shall recognize and safeguard the confidential nature of case records and student information in conformance with all applicable Federal and State laws, rules, and regulations, and both Parties' policies pertaining to the right of privacy of parents, guardians, and students. PROVIDER and PURCHASING AGENCY agree to abide by the "Guidelines for Confidentiality" document developed by the Full Service Schools Oversight Council.

8. **Insurance.** The PROVIDER shall furnish PURCHASING AGENCY with written verification of liability protection prior to final execution of said Agreement.

9. **Retention of records.** The PROVIDER shall preserve and make available all financial records, supporting documents, statistical records, and any other documents pertinent to this Agreement for a period of three (3) years after termination of the term of service specified, or if any audit has been initiated and audit findings have not been resolved at the end of those three (3) years, the records shall be retained until resolution of the audit findings.

10. **Publicity.** All notices, informational pamphlets, press releases, research reports, and other similar public notices which reference the collaboration must have prior approval by XXXXXX prior to publication and release. Family confidentiality will be provided for at all times in any publications.

11. **Renegotiation.** This agreement contains the entire understanding between the parties regarding the matters contained herein and no amendment or modification to this Agreement shall be valid unless in writing signed by all parties.

12. **Assignment and Subcontracting.** No portion of this Agreement may be assigned or subcontracted by either party without the effective party's prior written authorization.

13. **Titles VI and VII, Civil Rights Act of 1964.** Both Parties shall comply with the provision of Title VI and VII of the Civil Rights Act of 1964 and all other Federal Laws applicable to equal employment opportunity.

14. **Indemnification Clause.** Any PROVIDER agrees to be fully responsible for its acts of negligence, or its agents' acts of negligence when acting within the scope of their employment or agency, and agrees to be liable for any damages resulting from said negligence. Nothing herein is intended to serve as a waiver of sovereign immunity by any PROVIDER to which sovereign immunity may be applicable. Nothing herein shall be construed as consent by a state agency or political subdivision of the State of ___________ to be sued by third parties in any matter arising out of any contract.

15. **Termination.** This Agreement may be terminated by either party at any time, with or without cause, upon thirty (30) days' written notice to the other party. In the event of termination, PROVIDER shall be paid for services rendered under this contract prior to termination. PURCHASING AGENCY shall be the final authority as to the availability of funds and the allocation of available funds among providers. PURCHASING AGENCY reserves the right to terminate the services covered by this Agreement with a two-week notice in the event funds are unavailable or if a minimum of enrollment of 25 students is not maintained in the program.

If the PROVIDER fails to provide services called for by this Agreement within the time specified herein or any extension thereof, or if the PROVIDER fails to perform any of the other provisions of this Agreement, PURCHASING AGENCY may, by written notice of breach to the PROVIDER, terminate this Agreement. Termination shall be upon no less than twenty–four (24) hours notice, in writing, delivered by registered mail with return receipt requested or in person, with proof of delivery to the address specified in the agreement.

16. **Attorney Fees.** The PROVIDER understands and acknowledges that if PURCHASING AGENCY incurs any expenses in enforcing the terms of this Agreement, whether the suit be brought or not, PROVIDER agrees to pay all such costs and expenses including, but not limited to, court costs, interest, and reasonable attorney's fees.

17. **PURCHASING AGENCY agrees to:**

a) Provide office space within the Full Service School Building to accommodate staff for the program's services. (*For a more detailed agreement, see the Facility Agreement in Appendix F.*)

b) Provide utilities, equipment, furniture and clerical supplies, interior and exterior building maintenance, and telephone installation costs for the program site.

c) Provide administrative staff who will assist in direction and coordination of the program's operation.

18. **Language and Form.** The form or any of the language contained in this Agreement shall not be interpreted or construed in favor of or against either party hereto as the drafter thereof.

19. **Copies of the Agreement.** Copies shall be placed on file and be available in the office of:

1. The Full Service Schools Office
2. Director of Finance
3 The PROVIDER AGENCY

20. **Signatures (with titles) and Addresses.** (*Include an attorney, signatures of highest ranking administrative officials, signature of chairperson of interagency group.*)

IN WITNESS WHEREOF, the parties hereto, by the undersigned, do bind said parties, set their hands and seal on this ____ day of ____________________, ____.

NAME OF ORGANIZATION	NAME OF ORGANIZATION
By: ______________________________	By: ______________________________
Title: ____________________________	Title: ____________________________
Address: __________________________	Address: __________________________
Witness: __________________________	Witness: __________________________

Community-based Interagency Agreement

Parts of the Community-based Interagency Agreement
This alternative form of an interagency agreement is used to document the ways in which the agencies collaborate to provide services. The form begins with the same documentation as the School-based Interagency Agreement: give the document a title, state the purpose (or mission statement) of the full service school effort, list the partners involved, and date the agreement.

The next part of this agreement concentrates solely on the collaborative effort. The writers choose four or five objectives around which collaboration will take place. Examples of these specific objectives are administrative, policy, or technological changes. Some other examples include policy changes that could modify eligibility rules, setting up a central referral process, or applying for state and federal waivers to expedite service delivery. Administrative changes could include applying flexible wraparound funding to services for a target population or establishing a trust fund to insure flexibility in expenditure. The group may want to develop ways to better utilize existing resources such as establishing a toll-free hot-line for information, setting up joint eligibility and screening tools, and utilizing more effective case management strategies through multi-disciplinary team staffing and Family Care Coordination Plan meetings. Collaborators may want to include a major technological project such as tracking families who are receiving services from the program through a computerized comprehensive service delivery system.

The interagency agreement is the mechanism to document each collaborating agency's participation in the full service school's specific objectives. For example, if your full service school decides to improve the screening process for families, part of the document may read: *Together We Will: Collaborate to determine developmentally appropriate screening tools and procedures, train our individual staff members in administering the screening, decide on mutually agreeable dates and procedures for screenings, conduct the screenings as appropriate, obtain parental consent with the use of the interagency Consent to Share Information form, and share screening results among agencies.* (See Appendix K for a sample of the consent to share information form.) After deciding on the specific objective for the interagency agreement, (in this case, improving the screening process), the collaborators begin to collect specific information. What types of screenings are being done? When are screenings conducted? What is the purpose for each screening? What types of screening tools are being used? The more specific the information, the more opportunity collaborators will have to identify common ground.

The next section of the interagency agreement documents what each individual agency will do toward the specific task of improving the screening process. For example, a public health unit may document their participation with the following statements. The Public Health Unit will: Conduct Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Screenings on Medicaid-eligible children to include a health and developmental history, physical examination, nutritional and developmental assessment, routine immunizations, laboratory tests, health education and vision, dental and hearing screenings. If a problem is identified, Medicaid personnel can arrange for treatment. With parental permission, screening results will be reported to other appropriate collaborating agencies. (For example, if the child is 2 1/2 to 5 years of age, results will be reported to Child Find.)

The last part of the agreement could include general statements about the collaborative effort. This is an opportunity for collaborating partners to document their beliefs (see Chapter 4). Examples of these beliefs may include the value of the family unit to the community, expanding the communication process among collaborating agencies, developing joint funding opportunities that target prevention and early intervention, and protecting confidentiality of information. As each member of the full service school program signs and dates their agreement, the document becomes a powerful symbol of how individuals working together can make the world a better place for families. The Family Care Coordination Plan is central to the idea of a full service school, developing a family-centered prevention and early intervention system.

The following principles form the foundation of the Family Care Coordination Plan and reinforce the full service school's central theme of strengthening the family unit.

1. Family-driven collaboration makes the family an active participant with community agencies in planning and making decisions about participation in the full service school program.

2. Respect for and acceptance of each family's unique structure, roles, values, beliefs, and coping style are cornerstones of an effective program.

3. Intervention strategies must respect the racial, ethnic, and cultural diversity of families.

4. Family autonomy, independence, and decision making must be respected; families must be able to choose the level and nature of the community's involvement or intervention in their lives.

5. Services should be flexible, accessible, and responsive to family needs.

6. Services must be provided in as normal, humane, and empowering a fashion and environment as possible, promoting the family's integration into the community.

7. Because no one agency or discipline can meet the diverse and complex needs of children and their families, a team approach to planning and implementing the Family Care Coordination Plan is necessary, requiring equal involvement by the family and community agencies.

8. Services are based on a holistic approach to answering families' needs, integrating educational, medical, and social services; ensuring continuity and appropriate intensity; and eliminating duplication of effort.

9. Whenever possible, families should receive the support necessary to maintain their children at home (in a family unit). Family supports should build on existing informal networks and natural sources of support.

10. A team of community agency professionals and family members will collect information in accordance with established confidentiality guidelines in order to make decisions regarding eligibility and intervention strategies.

Community-based Interagency Agreement

XXXXXX XXXXXXX XXXXXXX
FULL SERVICE SCHOOLS PROGRAM
INTERAGENCY AGREEMENT

Collaborating Partners:

- Children's Medical Services
- XXXX School District
- Head Start
- Public Health Unit
- Children's Learning Place
- Retired Senior Volunteer Program
- Family Network

PURPOSE

The "Full Service Schools Program" exists to stimulate the creation of collaborative partnerships among education, health, and human services providing agencies to more effectively and efficiently meet the needs of children, youth, and their families in support of children's success in school (see Chapter 1). The intent of this agreement is to document an interagency planning process to identify target groups of child, youth and families to be served based on need; identify significant health, social, and economic problems facing families; identify services families need and want; identify areas of duplication of effort and gaps between services among agencies; and identify barriers to receiving services within the families and within the agencies providing services.

The intent of this agreement is to clarify agency roles and responsibilities in the process of streamlining access to services in the areas of screening, referral, assessment, family care coordination planning, service delivery, and transition planning for children from birth through age seven and for their families.

SCREENING & REFERRAL

Together we will:

- Develop and update an interagency Consent to Share Information form with accompanying parental informational pamphlet for the purpose of obtaining consent from parents/guardians to exchange information between service agencies.
- Collaborate to determine developmentally appropriate screening tools and procedures, train our individual staff members in administering the screening, decide on mutually agreeable dates and procedures for screenings, conduct the screenings as appropriate, obtain parental consent with the use of the interagency "Consent to Share Information" form and share screening results among agencies. (See the Appendix K for a sample of the consent to share information form.)

The Public Health Unit will:

Conduct Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Screenings on Medicaid-eligible children to include a health and developmental history, physical examination, nutritional and developmental assessment, routine immunizations, laboratory tests, health education, and vision, dental and hearing screenings. If a problem is identified, Medicaid can arrange for treatment. With parental permission, screening results will be reported to other appropriate collaborating agencies. (For example if the child is 2 1/2 to 5 years of age, results will be reported to Children's Services.)

Children's Services will:

Conduct developmental screenings for children age 2 1/2 to 5 years of age using the Dial-R or other instruments as appropriate. These screenings will include vision and audiometric screenings and will be documented year-round with the exception of July, dependent on continued funding. Screenings will be conducted in the Child Find Office, on school campuses, and/or in homes. With parental permission, results will be reported to other appropriate collaborating agencies.

ASSESSMENT

Together we will:

- Cooperate to ensure that parents are involved in the evaluation/assessment process of each child
- Cooperate to develop a joint eligibility form between programs to ensure that duplication of efforts will be eliminated or minimized to the fullest extent possible in conducting evaluations/assessments on children and families for the purposes of determining eligibility need for services.

Children's Services will:

Apply for a state waiver in order to accept one or more of the school system's assessment instruments, including but not limited to the Arizona Articulation Profile, Preschool Language 3, REEL or Non-Speech Assessment as accepted assessment tools to determine eligibility for the Children's Services program.

Children's Learning Place will:

Conduct multi-disciplinary evaluations on children referred to determine eligibility for Early Intervention Services.

MULTI-DISCIPLINARY TEAM STAFFING AND FAMILY CARE COORDINATION PLANS

Together we will:

- Participate in Family Care Coordination Plan Meetings for families for children referred to or receiving services among collaborating agencies.

TRANSITION PLANNING

Together we will:

- As part of the Family Care Coordination Plan process, we will develop individualized transition plans for children receiving services and transitioning to other services among collaborating partners.

The School System will:

- Review referrals from collaborating partners who are serving children age two years, six months to determine eligibility for services for the school system's preschool program at age three.
- Meet with the families of transitioning students.
- Facilitate a meeting between parent, child, sending teacher, and receiving teacher for children age two years, eleven and a half months who are entering the prekindergarten program.
- Work collaboratively with partners to provide services for children who do not meet eligibility criteria.

Children's Learning Place will:

- Forward Children's Learning Place Referral Forms and Transition Packets to the School.
- Meet with the families of transitioning students.
- Facilitate a meeting between parent, child, sending teacher, and receiving teacher for children age two years, eleven and a half months who are entering the prekindergarten program.
- Work collaboratively with partners to provide services for children who do not meet eligibility criteria for the school system prekindergarten program for their children age two years six months who will be transitioning.

GENERAL AGREEMENTS (See Chapters 3, 4, and 6)

- Members of the Full Service School Program value the family unit in our community, and agree that families are the primary resource for children.
- There will be ongoing and expanded communication among collaborating partners to ensure collaborative efforts. Whenever possible, joint funding opportunities that target prevention and early intervention services for families will be pursued.
- Collaborating partners agree to abide by state and federal laws and procedures to insure confidentiality of information.

Family Support Scale (adapted from [39])

Name: ______________________________ Date: ____________

Listed below are people and groups that oftentimes are helpful to members of a family raising a child. This questionnaire asks you to indicate how helpful each person or groups of people are to **your family.** Please **circle** the response that best describes how helpful the sources have been to your family during the past **3 to 6 months**. If a source of help *has not been available* to your family during this period of time, circle the NA (Not Available) response.

How helpful has each of the following been?	NA Not Available	1 Seldom Helpful	2 Sometimes Helpful	3 Generally Helpful	4 Very Helpful	5 Extremely Helpful
1. My parents	NA	1	2	3	4	5
2. My spouse or partner's parents	NA	1	2	3	4	5
3. My relatives	NA	1	2	3	4	5
4. My spouse's or partner's relatives	NA	1	2	3	4	5
5. Spouse or partner	NA	1	2	3	4	5
6. My friends	NA	1	2	3	4	5
7. My spouse or partner's friends	NA	1	2	3	4	5
8. My own children	NA	1	2	3	4	5
9. Other parents	NA	1	2	3	4	5
10. Neighbors	NA	1	2	3	4	5
11. Co-workers	NA	1	2	3	4	5
12. Parent Groups	NA	1	2	3	4	5
13. Social groups/clubs	NA	1	2	3	4	5
14. Church members/minister	NA	1	2	3	4	5
15. My family or child's physician	NA	1	2	3	4	5
16. Intervention program for special needs	NA	1	2	3	4	5
17. School or day-care center	NA	1	2	3	4	5
18. Professional helpers (social workers, therapists, case managers, teachers, etc.)	NA	1	2	3	4	5
19. Finding someone to talk to about out my child	NA	1	2	3	4	5
20. ______________________	NA	1	2	3	4	5
21. ______________________	NA	1	2	3	4	5

Family Needs Scale (adapted from [39])

Name ______________________ Date: ____________

This scale asks you to indicate if you have a need for any type of help or assistance in a variety of different areas. Please circle the response that best describes how you feel about needing help in those areas. At the end of the exercise, you will be asked to put a star next to those areas you feel most strongly about.

To what extent do you feel the need for any of the following types of help or assistance?	NA Not Applicable	1 Almost Never	2 Seldom	3 Sometimes	4 Often	5 Always
1. Having money to buy necessities and to pay bills	NA	1	2	3	4	5
2. Budgeting money	NA	1	2	3	4	5
3. Paying for special needs of my children	NA	1	2	3	4	5
4. Saving money for the future	NA	1	2	3	4	5
5. Having clean water to drink	NA	1	2	3	4	5
6. Having food for three meals for my family	NA	1	2	3	4	5
7. Having time to cook healthy meals for my family	NA	1	2	3	4	5
8. Feeding my child	NA	1	2	3	4	5
9. Getting a place to live	NA	1	2	3	4	5
10. Having plumbing, lighting, heat	NA	1	2	3	4	5
11. Getting furniture, clothes, toys	NA	1	2	3	4	5
12. Completing chores, repairs, home improvements	NA	1	2	3	4	5
13. Getting a job	NA	1	2	3	4	5
14. Having a satisfying job	NA	1	2	3	4	5
15. Planning for future job of my child	NA	1	2	3	4	5
16. Getting where I need to go	NA	1	2	3	4	5
17. Getting in touch with people I need to talk to	NA	1	2	3	4	5
18. Transporting my child	NA	1	2	3	4	5

To what extent do you feel the need for any of the following types of help or assistance?	NA Not Applicable	1 Almost Never	2 Seldom	3 Sometimes	4 Often	5 Always
19. Finding someone to talk to about out my child	NA	1	2	3	4	5
20. Having someone to talk to	NA	1	2	3	4	5
21. Having medical and dental care for my family	NA	1	2	3	4	5
22. Having time to take care of myself	NA	1	2	3	4	5
23. Having emergency health care	NA	1	2	3	4	4
24. Finding special dental & medical care for my child	NA	1	2	3	4	5
25. Planning for future health needs	NA	1	2	3	4	5
26. Managing the daily needs of my child at home	NA	1	2	3	4	5
27. Caring for my child during work hours	NA	1	2	3	4	5
28. Getting respite care for my child	NA	1	2	3	4	5
29. Getting therapy or special services for my child	NA	1	2	3	4	5
30. Having time to take my child to appointments	NA	1	2	3	4	5
31. Exploring future educational options for my child	NA	1	2	3	4	5
32. Expanding my education, skills and interests	NA	1	2	3	4	5
33. Doing things that I enjoy	NA	1	2	3	4	5
34. Doing things with my family	NA	1	2	3	4	5
35. Participation in parent groups or clubs	NA	1	2	3	4	5
36. Traveling/vacationing with my child	NA	1	2	3	4	5
37. Having emergency child care	NA	1	2	3	4	5

** Put a star next to the needs that you feel the most strongly about.

Training Topics

1. Building trust and commitment over time
2. How to respond when the public misunderstands your agenda
    a. Yes, you may be right
    b. Identify some common ground to begin the conversation
    c. Remain calm, cool, and collected!
    d. Take the advice offered
    e. Use the media to respond
3. Select your battles
4. How to include malcontents as stakeholders and "turf guarders"
5. The art of accepting some pieces as negotiable
6. Don't assume your own folks aren't part of the problem
7. Know your information sources. Recognize informal and formal mechanism for communication. For example, bus drivers, secretaries, and janitors are major sources of information about school for parents.
8. How to design your program with consensus, gradually building stakeholder involvement, create continuity, and constantly REVISE
9. How to redesign your program to accommodate for changes
10. Choosing an independent evaluation — and evaluator
11. Utilization of third party as a negotiator
12. Invite stakeholders in and invite them to be honest — how to conduct focus group discussions.
13. Knowing and dealing with the malcontents — offering the choice of nonparticipation
14. Educating the public — telling the truth, good or bad, and building trust on facts and handouts.
15. Sticking to parliamentary procedure during meetings to allow a controlled forum of discussion.
16. Dealing with questionable practices (examples: individuals tying up fax machines with emotional messages, storming meetings, undemocratic proceedings)
17. Assessing the purpose of your group — deciding how much quality time will be dedicated to how many meetings.
18. Keeping up a proactive campaign with individuals of influence
19. Staying involved in related issues to expand your influence
20. Being a "dreamer and doer"
21. Writing interagency agreements — reducing verbal commitments to contracts between agencies and with parents.
22. Communication techniques for parents only
23. Business and Industry partnerships — what they are and how to build them
24. The art of home visits to maintain personal contacts
25. Asking the top brass to visit the local sites
26. Understanding systems for strategic planning
27. Change management
28. Expanding and institutionalizing

29. Service projects for students, parents, and community members
30. Sharing the resources of schools
31. Including students and teachers on planning teams — standing committees, recognition programs, seeing teachers and students as innovators, etc.
32. Including teachers with support programs (examples: blood pressure checks, wellness programs, support groups and services, AIDS education, counseling services)
33. Writing goals and objectives — and tying them to real outcomes. Also, how to tie outcomes to social issues
34. How to collect data without driving everyone crazy — or how to design reporting requirements
35. How to report outcomes in terms of dollars
36. How to develop surrogate measures (examples: Are children of parenting teens immunized by age 2? How many children of parenting teens are abused and neglected?)
37. Leadership abilities and traits
38. Technological advances that may benefit families
39. Understanding funding (plan about a year for this one)
40. Grant writing
41. How does an idea become law?
42. The legal rights of parents
43. Confidentiality
44. What is a block grant, and what does it mean to me?
45. How the public knows about schools and what they do
46. Research on at-risk students and families
47. Research on successful parent education programs
48. Stress management

Specialized training areas for family liaisons (suggested by the Polk County School Board)

49. Medicaid
50. Successful home visits
51. Signs and symptoms of substance abuse
52. Utilizing volunteers
53. Child abuse
54. Spouse abuse
55. Nutrition facts for healthy families
56. Stretching the food stamp dollar
57. Health issues, including head lice, communicable diseases, immunizations, child development, and CPR training
58. Adult literacy
59. Developmental stages
60. Language development
61. Reading to children

Glossary

Action research

research conducted by a social worker or trained case manager at a full service school site

Assessment services

diagnostic and evaluative services usually involving professional diagnosis of child or family problems, a consideration of strengths and weaknesses of a child and the family environment. Assessment may determine eligibility for program services and/or develop a plan of service provision, whether in a single or multi-program environment.[1]

At risk

the concept that any person at any time may be exposed to the chance of injury or loss, or that a person may not be able to achieve her or his full potential because of inhibiting factors

Barriers

policies, conditions, problems, insufficiencies, or attitudes that obstruct the achievement of outcomes[1]

Billing unit financing

designing service delivery around the concept of services that can be billed (to Medicaid, health insurance providers, etc.) that pay for themselves as they go

Blended financing

the melding of federal and state funding to cut across historically separate service domains. To maximize federal funding, categorical agencies (such as education, mental health, and child welfare agencies) work cooperatively to fund noncategorical service packages for individual children and youth.

Blueprint 2000

Florida's plan for education accountability and school improvement in instruction and assessment

Capital outlay

a long-term expenditure for physical assets such as buildings or major pieces of equipment; funds specifically used for fixed assets or additions of fixed assets such as land or existing buildings, improvements of grounds, construction of buildings, additions to buildings, remodeling, initial equipment, and additional equipment

Capitation rate

any preset or fixed fee for which persons receive as much service as appropriate. The provider or a group of providers accept a periodic fee, generally on a per person, per month basis. For example, health professionals receive a capitation rate of $xx.xx per client assigned to their office for primary care services.

Care coordination

activities that link families to service providers through screening, referral, delivery, and follow-up

Carve-out

a program separate from the primary plan of service delivery designed to provide a specialized type of care. For example, a mental health service may be a carve-out of a group health plan.

Case management

a broad range of functions where eligible persons with specific needs are identified, and a plan is written to optimize client outcome in the most effective manner; process that identifies, assesses, plans, implements, and evaluates client needs and service delivery; sometimes used interchangeably with "care coordination"

Case manager

a person or a team that works with families, providers, and insurers to coordinate all services deemed necessary in a case management plan

Caseloads

general term used by social service agencies to describe the number of cases per month that a worker is responsible for. Some agencies limit the number of caseloads. The number of caseloads usually dictates how many workers are assigned to a geographic region.

Categorical funding

term that refers to funding designated for specific services **only**. For example, funds for volunteer programs cannot be used to purchase student supplies.

Child welfare services

supportive services provided to help students and support a family unit, including financial assistance and protective supervision assisting children within the home: when a family cannot remain intact, substitute services. Respite care may be a child welfare or a mental health service, depending on the service provided.[1]

Collaboration

process of working jointly with others, including those with whom one is not normally or immediately connected, to develop and achieve common goals. Characteristics include: partners establish common goals; partners agree to pool resources and jointly plan, implement, monitor, and evaluate new services and procedures; co-located services are designed to further mutually agreed-upon goals; collaboratives utilize input from each partner to make necessary changes to develop a comprehensive service delivery system; collaboratives directly negotiate policies leading to a more comprehensive service delivery system.[2]

Co-locate

the act of relocating community agencies or their representatives to the campus of a full service school[2]

Community agency

an organization of any type, public or private, for profit or not for profit, including those that offer assessment, prevention, and intervention services such as mental health, child welfare, juvenile justice, educational, medical, vocational, recreational, or operational services

Community-based governance

organizational structure involving broad representation from community agencies; designed to guide or influence the initiation, development, evaluation, and sustainability of a full service school; based on the premise that long-term viability requires community involvement and participation at all levels of the program

Confidentiality guidelines

written and/or verbal practices designed to keep spoken and written information about individuals private

Consortium

group of agencies that join forces to contribute to funding a program that cannot be funded by one agency alone

Cooperation

process of associating and acting together for mutual benefit. Characteristics include: partners help each other meet their respective programmatic goals; goals and objectives of each program are designed, staffed, funded, and evaluated autonomously; partners may agree to share space, information, and referrals, and/or establish collocated services while perusing their respective goals.[2]

Coordination

process of linking the functions of autonomous entities in an effort to achieve the most effective results and to avoid duplication. Characteristics include: caseworker in a particular agency is assigned to be in communication with other agencies about their respective services to determine appropriateness for individual clients/customers and to avoid duplication of effort; basic agency functions and services are defined by the individual agency; agencies share only as much information as is necessary to avoid duplication of services and/or to direct customers to other services that may be helpful or to which they are entitled; the primary goal is to identify and connect clients with the variety of services that they desire or to which they may be entitled; cafeteria-style service delivery system is maintained.[2]

Cost-effective

relationship between the price paid for a service or program compared to how well the program served its purpose (produced the intended or expected results), measured in dollars or percentage of purpose achieved or expressed as a ratio

Cost reimbursement

sometimes termed cost-based reimbursement, provides global reimbursement for all services provided. For example, an institution like a nursing home has a cost reimbursement rate based on all services provided in the home. Reimbursement is no greater than the actual cost.

Cost-sharing

occurs when agencies agree to share the cost of a particular program or position, frequently used as a technique to generate matching funds. Cost-sharing makes the most of existing funding, as when staff are "repositioned" or co-located to the site or another community agency or school, for example.

Crossover funding

ability to use funds from one source of categorical funding for families that may meet slightly different criteria. For example, when families or a program's design meet eligibility criteria for more than one funding source or program, a full service school may be able to apply funds from different sources to meet the families' needs. May require requesting waivers of a funding source's requirements

Cross training

process by which interagency partners in a full service school program share experience, expertise, and information in an effort to build the collaborative skills necessary to meet the complex and diverse needs of students and families

Database

a computer program designed to collect and store large numbers of facts, quantities, or conditions for further research or reasoning

Decategorization

flexibility sometimes offered to local programs to use funds for purposes other than those the funds were originally earmarked for

Demographics

information such as age, sex, marital status, occupation, income, education, or zip code; often used as "predictor variables" in data analysis to establish whether the subjects with similar demographics will respond to survey questions similarly

Discretionary funds

sums of money left to the organization's own judgment on how to spend; funds not specifically targeted for a special purpose

Draw down

use of state or local funds qualify a program for additional money from another source. For instance, if a state can generate the match dollars required by the federal funding source for a particular program, the state can qualify for those federal funds.

Educational services

offering knowledge and socialization skills development for students; by law, free and appropriate to all students. Students with emotional and behavioral problems may require special services to obtain an education.[1]

Eligibility

status of an individual or family that qualifies them for certain funds or services, based on rules and regulations that govern how money is distributed to clients

Entitlement

right of an individual or a family to claim funds for a specific program based on need (food stamps, for example), regardless of how many other families are in need of the service. A non-entitled program has a set limitation of the number of participants, regardless of eligibility.

Evaluation

securing data on an ongoing basis (formative) and in conclusion (summative) in order to support the effectiveness of the full service school program

Expert systems

computer systems designed to facilitate the decision-making process through the use of extended database applications

Family Support Plan

written document resulting from a family-centered process that identifies the family's strengths, concerns, and goals, and that coordinates community resources and services in support of those goals

Federal funding

federal program dollars. For full service schools, there are primarily five major programs: Medicaid, Early Periodic Screening and Diagnosis and Training Service (EPSDT), Title IV-F JOBS Program, Title IV-E Child Welfare Assistance, and the Family Support Act of 1988

Fee for service

a flat rate charged per family for a specified service regardless of the complexity of service delivery, time involved in the service, or actual cost

Flexible dollars

a general term referring to funding regulations that allow spending to be adapted or modified to meet family and program needs

Formative evaluation

measures progress of objective achievement while the project is ongoing; therefore, it is both an assessment of progress toward completion and effectiveness of the process

Foundation

a nonprofit organization established through donations or endowment for the support of an institution (such as a hospital or research organization), or in honor of an individual or idea in support of a particular population

Front-end priorities

results of ranking funding needs in such a way as to support intervention and prevention strategies, which are more effective when offered sooner rather than later in response to a family's or child's needs

Full service school

a school intended to integrate educational, medical, social, and/or human services that are beneficial to meeting the needs of children, youth, and their families on school grounds or in locations which are easily accessible

Funding consortium

contractual arrangement documenting the collaboration of funding sources to meet particular needs in a community program. When one agency does not have adequate funding to meet its clients' needs, multiple agencies may form a consortium to function as the funding unit.

Funding stream

the way in which money travels from the source to the family; another term for categorical funding, targeted to a specific population and often with strict eligibility criteria

Glue money

sums of money used to join or hold together different parts of programs. For example, funds from one organization can be used as a "match" to bring dollars into a second program, or two or three organizations can share the cost of a program administrator that none of the parties could afford on their own.

Goals

general statements of overall intent with a long-term perspective, sometimes referred to as outcome measures

Governance structure

an organizational arrangement designed to guide or influence a program's initiation, development, evaluation, and sustainability

Grant

transfer of money, privilege, property, or power from one source to another, by deed or in writing. Funding grants usually require a detailed proposal submitted in a in a particular format and are awarded on the basis of competition.

Grant cycle

time frame that includes receiving the request for proposal, writing the proposal, review of the proposal by the funding source, and notification of award or denial

Grant proposal

written plan of action that forms the basis for a contract between the grantee and the funding source

Guidelines

instructions or forms that define a funding source's requirements for grant proposals, including format, content, and length

Health services

activities including detection and treatment of physical impairments or bodily damage, such as routine physical examinations, follow-up care, pre- or post-natal care of pregnant teens, treatment of sexually transmitted diseases[1]

Hooks

sum of money used in a program design to catch, hold, or pull other funding sources together. For example, funds for child care from one program may be "hooked" to parent education or job training and employability classes funded through a second program. In order to receive child care funds, the family must participate in the second activity.

In-kind resources

products or services, offered either within or in association with an organization, that have cash value. For example, a sponsoring agency may provide ten hours of training valued at $15.00 per hour, or a school board may provide office space that has a value of $75.00 per month. In-kind resources are used to demonstrate stability and self-sufficiency to the funding source by showing how the community supports a program with in-kind contributions.

In-service training

workshops and/or training sessions for collaborating agencies, concentrating on the design principles of the full service school initiative

Intake

point at which a student or family first enters a program; process includes collecting basic demographic information in order to determine a family's eligibility for services

Integration

process by which a community determines ways to combine appropriate community-based programs along a continuum of care for maximized efficiency and program effectiveness[2]

Interagency agreement

a mutually agreed-upon, written contract designed to structure partnerships among collaborating community agencies in a full service school program; specifies contributions each partner will make to the program

Juvenile justice services

services in response to offenses committed by juveniles, ranging from supervision of a county to detention and other residential programs. Some services may be provided at staff member discretion. Most are court-ordered.[1]

Leveraged funding

reallocating funds previously spent on specific services and general funds spent in state on an unmatched basis to make these services a matched dollar. The objective of leveraged funding is to draw down additional federal dollars.

Line workers

workers directly involved with families — teachers, social workers, law enforcement personnel, parent educators, health professionals and others

Linkages

firm commitments of collaboration and cooperation, including memorandums of understanding, interagency agreements, or other binding agreements supported by documented actions pursuant to these agreements[2]

Managed care

term commonly used in the health care industry. One provider (a physician) is designated as a primary care provider. All referrals for additional medical services must come from the primary care provider. Options under managed care include Health Maintenance Organizations (HMOs), freedom of choice waivers, and home- and community-based services waivers.

Mapping

graphic representation of needs assessment information about the whole or a portion of a community. For example, the zip codes for teen parents may be graphically displayed over a map of the community to identify high areas of need for teen parenting programs.

Margin of error

difference between an obtained score and the corresponding true score

Match rate

a percentage rate established by a local, state, or federal funding source that must be reached by a potential service provider before drawing down additional dollars. For example, a state may have a match rate of 25% in cash to draw down an additional 75% of federal funds, or a local grant program may have a match rate of 20% in cash to draw down 80% in matching dollars from the funding source.

Matching funds

funding dollars that can be used to match or draw down additional dollars. For example, state and local funds can be used to match federal funds.

Maximization

the way in which agencies offer services to optimize efficiency, effectiveness, and accessibility for families; requires a philosophy that advocates offering long-term, client-appropriate, adequate services to eligible individuals when and where the service is most beneficial

Mental health services

residential and nonresidential programs and services directed to treatment and resolution of emotional problems of students, families, and community members[1]

Need-to-know policy

A need-to-know policy answers three questions:

- What information is needed?
- Under what circumstances and to whom may this information be released?
- What is the intended use of the information?

Network

a connection of computers which allows the computers to operate separately but communicate with each other

Objectives

statements that identify specific, concrete, and measurable ways in which goals will be fulfilled

Operational services

include the service infrastructure of a full service school and spanning domain boundaries plus case management, advocacy, self-help and support, transportation, legal services, and volunteer services[1]

Parents

within a family, adults who serve as primary care givers to one child or more[1]

Partnership

the variety of relationships involving cooperation, coordination, and collaboration, the ongoing processes of identifying common goals and planning, implementing, and evaluating joint efforts. Partners may thus be agencies or individual agents, such as volunteers, and the term may include a school district, full service schools project, or full service site.[1]

Planning

the careful and deliberate process of using decision making to build collaboration; the basis for sound implementation of a full service school program

Prevention services

actions to prevent problems in mental health, health, or education, such as promoting physical and mental health, reducing disease incidence (primary), identifying problems early and intervening early (secondary)[1]

Random sample

selected in such a way as to guarantee equal probability of selection to all possible samples of this size that could be formed from all the members of the population involved

Recreational services

activities including age-appropriate formal and informal interactions or amusements for students with peers and adults, providing youth with social skills and interpersonal activities[1]

Redirected funding

altering the delivery pattern of existing funding sources to shift funding from existing, separate programs to more comprehensive programs that offer a related but broader range of services. The goal is to reduce duplication and categorization. For example, existing child care funds may be redirected to a wraparound program for families that includes parenting classes, credit counseling, and adult education to insure a comprehensive delivery approach.

Reinvestment

process of maximizing an existing program's services and dollars, then taking the money or resources gained and **returning them to the program in the form of expanded services**. For example, if you are able to draw down additional funds or receive matching funds for a specific program, the money saved is reinvested in the program serving families.

Representative sample

cross-section of a population, often used to provide a convenient estimate of some characteristic of the entire population

RFP

Request For Proposal; contains the funding source's guidelines for format, content, length, and purpose of a solicited grant proposal

School-based services

basic social, economic, and health services that are integrated, available, and delivered to clients by being located on or near a school site

School-linked services

services offered by schools that are linked to at least two or more other children- and family-service agencies in an ongoing, collaborative relationship

Screening

determines the nature of the family's or individual's risk and their eligibility for needed services

Site-based governance

organizational plan based on the premise that those individuals working directly with students and families at the "site" of a full service school should have the most influence on the initiation, development, evaluation, and sustainability of the program

Sliding scale

a system that bases fees for service on the participant's income level

Soft money

money that is accessible for only a limited time or for separate, discrete projects

Staffing

meeting of family members, social and human service agency representatives, and education system representatives to arrive at a common understanding of the strengths and issues facing a family, and to develop a unified family care coordination plan outlining action to be taken

Stakeholder

any potential participant in the full service school: children, parents, extended family, neighbors, school personnel at all levels, community agencies (mental health, child welfare, juvenile justice, health, vocational, recreational, economic), businesses, college faculty and staff

Streamline

process of improving the cost-effectiveness and efficiency of community services and their delivery. For example, streamlining may include simplifying processes by using joint eligibility forms, building collaborative relationships, eliminating unnecessary tasks, cutting repetitive work, reducing time required for certain tasks, and relocating services nearer to families.

Streamlining access

improving cost-effectiveness and efficiency of service delivery by effecting policy, administrative, and technological change and maximizing existing resources

Students

children from birth until the conclusion of full-time school enrollment. Thus, infants and toddlers, whether attending a pre-kindergarten or not, are considered students; so are school-enrolled teenage parents. Adults include anyone 16 to 18 years old not enrolled in high school or anyone 18 years or older.[1]

Subsidized cost

partially funding the cost of a particular service or program by using a second funding source. For example, the cost of health insurance premiums may be subsidized for low-income families. Subsidized fees can also be set up on sliding scales.

Summative evaluation

builds on the information of the ongoing formative evaluation to produce a final analysis of program progress

Taxing authority

authority given to local boards (such as welfare or children's services boards) to generate funding by taxing a community's general population. Taxing authority regulations vary from state to state.

Transition study

a systematic examination of the individuals and/or groups of individuals that pass or change from one place or situation to another. For example, detailed information may be kept about students as they move from an elementary school to a middle school.

Triage

system that ensures the greatest benefit from limited facilities or resources by giving priority treatment to those who must have it and little or no treatment to those who can survive without it

Tuition

funding option where individual families pay a fee per service; usually refers to payment for enrollment in an instructional course over a specified period of time

Vocational services

designed to help youth, with or without disabilities, move from education to employment, including development of skills in career selection, job finding and retention, and specific technical skills for doing a job[1]

Waiver

process by which a funding authority, such as the federal Health and Human Services Department, grants exceptions to established requirements

Welfare board

an executive board charged with administration of funds generated through a taxing authority. The advantage of establishing a local welfare board is that there are no federal mandates on its spending. Boards can create their own restrictions on service provision according to what local funding sources want. The funds received from taxes can be used as match to draw down revenue from other sources. Boards can also target specific funding streams or change funding to accommodate for the community's special needs. A welfare board may be dedicated to one particular issue such as juvenile justice, or be more general such as children and family welfare. Boards may established independently or as a part of county or city government.

Wraparound funding

flexible, nontraditional methods for funding wraparound services

Wraparound services

flexible, nontraditional services that can be combined or coordinated with traditional services to meet client needs. For example, a family care coordination plan written by a case management team might include psychotherapy as the core, traditional service, as well as nontraditional services like in-home support services, peer tutors, transportation, and a live-in companion.

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[1] as defined through the evaluation efforts of the University of South Florida for the Florida Full Service School Program

[2] from Office of Juvenile Justice and Delinquency Prevention - FY 1995 Competitive Discretionary Program Announcements and Application Kit

Annotated Bibliography

All efforts have been made to provide as complete and accurate a listing as possible for each entry. Entries are formatted in the following manner:

# *Title, arranged alphabetically.*
author (year of publication), pages.
name and address of publisher
Brief description of content. ERIC or other identifying number.

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1 *A blueprint for success. Community mobilization for dropout prevention.*
National Foundation for the Improvement of Education (1987), p. 1-32.
NFIE, 1201 Sixteenth Street, NW, Washington, DC 20036.
Addresses the problem of school drop-outs and maintains that drop-out rates "must be solved at the local level where the problems originate." Calls upon the community as a whole to mobilize to address the issue. Focuses on the how-tos of mobilizing individuals, coalitions, agencies, and the public. Nine possible routes are presented.

2 *A blueprint for success. Lessons learned: NFIE's dropout initiative.*
National Foundation for the Improvement of Education (1990), p. 1-38.
NFIE, 1201 Sixteenth Street, NW, Washington, DC 20036.
Discusses lessons learned through the Drop-Out Prevention Initiative: empowered teachers, programs tailored to student needs, realistic expectations, community collaboration, early intervention, school district support, and encouragement of parents. Lists 47 NFIE projects, project directors, and a one-sentence description of each project.

3 *A blueprint for success. Operation rescue.*
National Foundation For the Improvement of Education (1986), p. 1-44.
NFIE, 1201 Sixteenth Street, NW, Washington, DC 20036.
Outlines seven principles and essential elements for the success of a drop-out prevention program. Resulted from Information Exchanges in Denver, Colorado; Los Angeles, California; Louisville, Kentucky; and Bridgeport, Connecticut that explored various pro-

grams and what made each successful. Contains a sample scenario of a restructured school, a listing of national organizations, as well as the programs analyzed for the blueprint. Each program listing contains an address, phone number, contact person, and a brief description of the program.

4 *A CLEAR plan for school crisis management.*
Moriarty, A., R. G. Maeyama, and P. J. Fitzgerald (1993).
NASSP Bulletin, April:17-22
Discusses the development and implementation of a school crisis management plan: "the primary focus of any crisis plan involves the delineation of responsibilities that help to minimize the chaotic aftermath of a sudden disastrous event." Emphasizes the most critical elements for a plan such as CLEAR, "Cognizance of the personnel, the Linkages they establish, the Evaluation of crisis, the Accountability procedures, and the Relationship between the police department and the school." Also provides a crisis checklist. UMI # EJ 463 852

5 *A look at current school-linked service efforts.*
Levy, J.E. and W. Shepardson (1992).
The Future of Children, 2(1):44-55.
Describes six school-linked service programs: School-Based Youth Services Program, New Jersey; Project Pride, Illinois; Probtsfield Elementary School, Minnesota; Youth At Risk Program, New York; Wallbridge Caring Communities, St. Louis; and New Beginnings, San Diego. Describes in detail the "goals of the effort, who is served, what services are offered, where services are located, and who is responsible for providing services." Also addresses the process of designing a school-linked service strategy and systemic change to improve long-term goals. EJ 448071

6 *A shared vision: Policy recommendations for linking teacher education to school reform.*
Frazier, C. (1994), p. 1-31.
Education Commission of the States Distribution Center, 707 17th Street, Suite 2700, Denver, CO 80202-3427.
Discusses the "simultaneous renewal of teacher education and public school reform," including discovering higher education and teacher education, recurring themes from state leaders, alternative teacher programs, adopting state policies, legislative policy making, and eight policy recommendations. Data resulted from interviews conducted in 1991 and 1992 with "approximately 150 state legislatures, governors' offices and agency leaders." TE-93-2

7 *A theory of human motivation.*
Maslow, A.H. (1943).
Psychological Review 50:370-396.
Briefly describes Maslow's motivation theory and hierarchy of needs. Needs higher in the hierarchy will only actualize if lower ones have been met. Hierarchy of needs from lower to higher are physiological, safety and security, love and belongingness, self-esteem, and self-actualization.

8 *Adolescent health technical assistance and training resource guide.*
Maternal and Child Health Bureau (1994), p. 1-76.
Adolescent Health Project, National Center for Education in Maternal and Child Health, 2000 15th Street North, Suite 701, Arlington, VA 22201-2617.
Provides information on 34 projects designed to improve adolescent health care. Each entry contains the program's name, address, phone number, project director, contact person, mission statement, goals and objectives, areas of technical expertise, audience/clientele, training, fees, and materials available.

9 *Assessing the coordination of children's services: Dilemmas facing program administrators, evaluators, and policy analysis.*
Kahne, J. and Kelley, C. (1993).
Education and Urban Society, 25(2):187-200.
In-depth discussion of ways to "improve the efficiency and effectiveness of children's service programs by coordinating the efforts of service providers," and by addressing the needs of the whole child. Also discusses strengthening the relationship between parents, children, and service providers; accessibility of appropriate services; duplication of services; organizational structure and goals; and present accountability systems and appropriate alternatives. UMI # EJ 460628

10 *At the crossroads: Linking teacher education to school reform.*
Finney, J. E. (1992), p. 1-22.
Education Commission of the States Distribution Center, 707 17th Street, Suite 2700, Denver, CO 80202-3427.
The result of dialogues about teacher education from 25 states (Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Georgia, Idaho, Indiana, Iowa, Massachusetts, Minnesota, Mississippi, Missouri, Montana, New Mexico, New York, North Dakota, Oklahoma, Pennsylvania, South Carolina, Tennessee, Utah, Vermont and Wyoming). The dialogues took place among the Education Commission of the States and various colleges, universities, schools, state government agencies, and businesses. Outlines results with respect to these themes: admission criteria, recruiting minorities into teaching, alternative routes to certification, collaboration, higher education institutions working with schools, statewide sharing and policy development, funding, learning outcomes, and building leadership and public support. As a result of the dialogues, it appears "that teacher education is beginning to be viewed by states as a key strategy for school reform." TE-92-1

11 *Basics of program evaluation for school-linked service initiatives.*
Gombay, D.S. (1993), p. 1-24.
The David and Lucile Packard Foundation, Center for the Future of Children, 300 Second Street, Suite 102, Los Altos, CA 94022.
Addresses the evaluation component for school-linked services: what services were provided, who received the services, and did the services have an impact? Depending on a program's evaluation design and purpose, it may be sufficient to answer only one or two of the questions. Provides numerous examples of general outcome measures and corresponding specific outcome measures and the techniques that may be employed to measure them. Also addresses the issue of evaluation design, random assignment, generalizability, and statistical significance. Working Paper #1932

12 *Blueprint 2000, a system of school improvement and accountability for 1994-95 school improvement plans.*
Florida Commission on Education Reform and Accountability (1994).
Florida Department of Education.
Purpose is to "guide and oversee the implementation of a system of school improvement and accountability which will result in educational excellence and the highest level of student learning, and thereby, the opportunity for every Florida student to be successful in a global economy and a changing social structure, and a contributing citizen in our democracy." Provides specific information regarding background; developing the system; funding; recommendations for repeal or revision of laws; and goal standards, assumption, and outcomes.

13 *Building bridges: Supporting families across service systems.*
Family Resource Coalition (312-341-0900). 52 pages. Spring/Summer, 1994.
Volume 13, Numbers I & II.
Seven essays and profiles of programs addressing education, child welfare, health care, youth development, people with disabilities, the welfare system, and child mental health. Family Resource Coalition operates the National Resource Center for Family Support Programs and its School-Linked Services

Division; provides technical assistance, training, and consulting services; communicates family support issues and information to policy makers; tracks federal, state, and local policy initiatives; disseminates current knowledge on program design, administration, staffing, financing, and outcomes; publishes the FRC Report; sponsors national conferences; and encourages networking and collaboration among local programs.

14 *Building a community agenda: Developing local governing entities.*
Center for the Study of Social Policy, p. 1-23.
Center for the Study of Social Policy, 1250 Eye Street, NW, Suite 503, Washington, DC 20005-3922.
Poses ten specific questions and describes each in depth: (1) What do we mean by collaboration? (2) What problems is collaboration designed to solve? (3) At what organizational level should collaboration occur? (4) How do we know if collaboration is happening and if it is working? (5) How effective can state-level interagency groups be in reducing system fragmentation and improving services to children and families? (6) What strategies can state policy makers initiate to further collaboration at the local level? (7) What strategies can states employ to promote collaboration across jurisdictions including those where obstacles are greatest? (8) What is the role for the private sector in collaboration initiatives? (9) What are the risks of collaboration? (10) What problems won't collaboration solve? Gives 7 keys to successful collaboration.

15 *Building a community school. A revolutionary design in public education.*
The Children's Aid Society (1993), p. 1-56.
The Children's Aid Society, 105 East 22nd Street, New York, NY 10010.
Addresses the issue and need for a community school. Shares "steps we had to take to reach our goals, some of the obstacles we encountered along the way and the overall philosophy that inspired our every move" in Washington County. Also discusses services that can be incorporated into a community school, funding strategies, and practical steps for starting a community schools program. Appendixes contain suggested readings and resources.

16 *Building bridges: A review of the school-college partnership literature.*
Wallace, J. (1993), p. 1-18.
Education Commission of the States, 707 17th Street, Suite 2700, Denver, CO 80202-3427.
Addresses school-college partnerships, beginning with a look at how such partnerships began and progressing to a discussion of types of partnerships (programs and services for students, programs and services for educators, research and resources, and restructuring of the education system). Also talks about lessons learned from these partnerships and where future research studies should be directed. Annotated bibliography.

17 *Building bridges: Using state policy to foster and sustain collaboration.*
Gomez, M.N. and A.G. de los Santos Jr. (1993), p. 1-14.
Education Commission of the States, 707 17th Street, Suite 2700, Denver, CO 80202-3427.
Addresses the topic of collaboration through state policy. The authors' goal "is to help policy makers create strategies to establish and sustain partnerships — particularly partnerships between schools and colleges." Discusses higher education (successful collaboration and lessons learned) and state policy (areas, levels, and questions that need to be addressed). Stresses importance of state policy taking the lead in creating collaborative delivery systems to improve education and social programs for children and their families. S-93-1

18 *Building coalitions.*
Ohio State University.
Tapping Private Sector Resources, (June 1992), p. 1-58.
From OSU'S Cooperative Extension Service, contains 16 fact sheets regarding coalition development: introduction; coalition facilitator guide; coalition functioning; coalition goal setting; developing members; communication in coalitions; evaluating the collaboration process; extra resources for a coalition;

making a difference; mobilizing the community; structure; turf issues; understanding the process; working with diverse cultures; networking; and how to tap private sector resources. 6/92-1M-97832

19 *Building communities from the inside out: A path toward finding and mobilizing a community's assets.*
Kretzmann, J.P. and J.L. McKnight, p. 1-375.
Center for Urban Affairs and Policy Research Neighborhood Innovations Network, Northwestern University, 2040 Sheridan Road, Evanston, IL 60208.

Discusses the issue of devastated communities and paths to rebuilding, specifically: releasing individual capacities, releasing the power of local associations and organizations, capturing local institutions for community building; rebuilding the community economy, asset-based community development, and providing support for asset-based development.

20 *Capitalizing on community resources: Three cosponsorship programs.*
Harris, J., Center for Continuing Education, University of Texas, Dallas.
Community Services Catalyst, 18(1):13-15.

Focuses on three cosponsorship programs, the key to which "is to discover what each participant really wants and to organize the operation to produce a win-win situation." Discussion topics include achieving the win-win situation, advantages and disadvantages, financial arrangements, and 10 guidelines for cosponsorship. EJ 365136

21 *Child care recipients face service gaps and supply shortages. Testimony before the Committee on Labor and Human Resources, U.S. Senate.*
Ross, J.L. (1995), p. 1-12.
U.S. General Accounting Office, P. O. Box 6015, Gaithersburg, MD 20884-6015.

Testimony before the U.S. Senate Committee on Labor and Human Resources addresses subsidized child care and the welfare system; background, child care programs and their service delivery problems, current child care supply, and implications of welfare reform on child care services for low-income mothers. GAO/T-HEHS-95-96

22 *Collaboration to build competence: The urban superintendent's perspective.*
Clark, T.A. (1991), p. 1-65. U.S. Department of Education.
U.S. Government Printing Office, Superintendent of Documents, Mail Stop: SSOP, Washington, DC 20402-9328.

Discusses comprehensive community collaboratives, specifically building partnerships, key collaborative players, characteristics of successful collaboratives, measuring success, and shaping collaboratives for the future. Appendixes list selected school-community partnerships and include a program description, key partners, participant descriptors, and contact address and phone number for each. ISBN 0-16-036037-4

23 *Collaboration: The prerequisite for school readiness and success.*
Kunesh, L.G. and J. Farley (1993), p. 2-3.
ERIC Clearinghouse on Elementary and Early Childhood Education, University of Illinois, 805 West Pennsylvania Avenue, Urbana, IL 61801.

Discusses problems with current service delivery systems, and offers collaboration and a profamily system as a solution. Lists characteristics that are essential to any profamily system: comprehensive; preventive; family centered; family driven; integrated; developmental; flexible; sensitive to cultural, gender, and racial concerns; and outcomes-oriented. Offers these guidelines for successful collaboration: "(1) involving all key players; (2) ensuring visionary leadership; (3) establishing the expected outcomes for families and children; (4) ensuring commitment to change from all levels of member organizations and among community members; (5) establishing communication and decision making processes; and (6) encouraging member agencies to include collaborative goals in their institutional mandates." ERIC # ED 356 906

24 *Community development through a community resource center.*
Curtis, M. and N. Stetson.
M. Curtis, Director of Community Schools, Wenatchee Valley College, Wenatchee, WA 98801.
Community Services Catalyst, 10(2):29-30.
Describes the Wenatchee Valley College Community Resource Center and how it has facilitated community development. Summarizes the development of the resource center as well as its functions, activities, maintenance, and impact on the community.

25 *Community needs assessment key informant survey.*
Community Needs Assessment Committee Work Group, Pensacola, Florida (1994).
Developed by Florida Department of Health and Rehabilitative Services, District I. Unpublished.

26 *Concept paper.*
Interagency Workgroup on Full Service Schools (1992).
Florida Department of Education, Tallahassee.
Provides a brief overview of the Full Service School Program, including purpose, description of the problem, target population, which schools should become full service schools, current status, guidelines for development, desired outcomes, funding, barriers, and interagency resources and contacts. Appendixes include information regarding legislation, criteria for drop-out prevention programs, and key events for full service schools.

27 *Concerns about school-linked services: Institution-based versus community-based models.*
Chaskin, R.J. and H.A. Richman (1993), The David and Lucile Packard Foundation, Center for the Future of Children, 300 Second Street, Suite 102, Los Altos, CA 94022.
Education and Urban Society, 25(2):201-211.
Addresses concerns regarding school-linked services and the controversy of a single institution, such as a school, versus a community-based institution as a delivery system site. The authors prefer the community-based models and provide a strong basis for their rationale.

28 *Confidentiality: A guide to the federal laws and regulations.*
Legal Action Center (1991).
Legal Action Center, 153 Waverly Place, New York, NY 10014.
Provides an extensive review of federal statutes and regulations regarding prevention and treatment programs for drug abuse.

29 *Confidentiality and collaboration: Information sharing in interagency efforts.*
Breenberg, M. and J. Levy (1992), p. 1-54.
Education Commission of the States Distribution Center, 707 17th Street, Suite 2700, Denver, CO 80202-3427.
From the Center for Law and Social Policy, Joining Forces, American Public Welfare Association, Council of Chief State School Officers, and the Education Commission of the States. Discusses information sharing and interagency collaboration in the belief that "confidentiality is neither an impenetrable barrier nor something which can be casually disregarded." Topics include confidentiality restrictions, developing information sharing, informed consent, automated systems, strategies for safeguarding confidentiality, and legislature. Appendixes contain sample release forms, checklists for obtaining consent, and staff oaths. Federal statutes and regulations regarding confidentiality are also included.

30 *Controlling crime before it hqppens: Risk-focused prevention.*
Hawkins, J.D. (1995).
National Institute of Justice Journal, August, p. 10-17.
Argues for juvenile justice prevention programs based on the public health model. The new model would identify risk factors in community, family, school and individuals, and build in protective factors

that "buffer exposure to risk." Ends with community guidelines for preventive intervention and implications for criminal justice.

31 *Coordinated services for children: Designing arks for storms and sea unknown.*
Crowson, R.L. and W.L. Boyd (1993), University of Chicago.
American Journal of Education, 101:140-179.

Deals with school-community relations, focusing on "increased parental involvement in governance, instructional partnerships, school-to-community outreach, and children's service coordination." Also deals with the issue that "the full potential is unlikely to be realized without a better theoretical and practical understanding of the organizational, administrative, and implementation issues associated with such ventures." Recommends increased understanding of these issues if service integration initiatives are to be successful.

32 *Creating effective interagency collaboratives.*
Dunkle, M. and M. Nash (1989).
Education Week, March 15, p. 44-45.

Focuses on interagency collaboration as a necessity to successful prevention and service programs. Espouses the goal that agencies must work together to treat the whole child. Explores barriers to collaboration and how to overcome them; provides strategies and examples for positive interagency collaboration.

33 *Dade County public schools adolescent outreach program: Jointly funded contract with Project Independence 1994-95.*
Full Service Schools (1995), p. 13-35.
Dade County Public Schools, Miami, FL.

Issues discussed are statement of need, services provided, staff and general program information, project implementation, measurable objectives, evaluation, coordination, and payment/funding. Contains detailed charts of Budget/Expenditure Report and Budget Summary Worksheet.

34 *Developing a family-centered prevention and early intervention system: A training series. Module 1: the family support plan process.*
Center for Prevention and Early Intervention Policy (1992), p. 1-115.
The Florida Department of Education, Office of Early Intervention and School Readiness, Florida Education Center, 325 West Gaines Street, Tallahassee, FL 32399-0400.

Participants' training manual for the Family Support Plan Process, the purpose of which "is to provide families and professionals with a philosophical and process framework in which to develop individualized Family Support Plans for infants and toddlers and their families." Discusses requirements for Family Support Plans, family-centered philosophy, family-centered service coordination, and phases of the Family Support Plan process. Appendixes contain information on assisting families in identifying their concerns, priorities, and resources; the Family Support Plan meeting; and family case studies and sample Family Support Plans.

35 *Editor's introduction.*
Koppich, J.E. and M.W. Kirst (1993), Sage Publications.
Education and Urban Society, 25(2):123-128.

Discusses integrated children's services and how the journal's articles address this topic. Briefly describes three problems associated with integration: underservice, lack of prevention, and service fragmentation. Other issues are funding, space availability, confidentiality, staff training, and governance.

36 *Education and health: Partners in school reform.*
Chervin, D.D. and D. Northrop (1994), p. 1-42.
BellSouth Foundation, 1155 Peachtree Street, NE, Atlanta, GA 30367-6000.

BellSouth Foundation and Education Development Center offer this guide for schools and communities to meet the health, human service, and educational needs of children. Identifies numerous school districts and their respective programs that are successful in meeting these needs and reforming the school environment. Lessons learned from these programs and the opportunities they provide for the future are discussed. A listing of the school districts and program contact persons is included.

37 *Education data confidentiality: Two studies.*
Pechman, E.M., E. O'Brien, A. Hightower and A. Williams (1994), p. 1-75. U.S. Department of Education.
Policy Studies Associates, Inc., 1718 Connecticut Avenue, NW, Suite 400, Washington, DC 20009.
From the National Forum on Education Statistics, contains two studies relating to the issue of confidentiality. The first "contains a survey, abstract, and analysis of federal and state restrictions and stipulations regarding data confidentiality issues." The second "covers major court challenges, data collection issues germane to education, and trends anticipated to affect data confidentiality policy." NCES 94-635.

38 *Education Development Center, Inc. Annual report 1992.*
Education Development Center, Inc. (1992), p. 1-48.
Education Development Center, 1250 24th Street NW, Suite 300, Washington, DC 20037.
Collection of information about active 1992 projects, divided into three categories: innovation in education, health and human development, and equity and cultural diversity. Contains 122 project descriptions and a report of Independent Certified Public Accountants regarding the financial position of Education Development Center, Inc.

39 *Enabling and empowering families: Principles and guidelines for practice.*
Dunst, C.J., C.M. Trivette, and A.G. Deal (1988).
Cambridge, MA: Brookline Books.
Funded through The Center for Prevention and Early Intervention Policy, Institute for Science and Public Affairs, Florida State University. Copies available from The Florida Department of Education, Office of Early Intervention and School Readiness, Florida Education Center, 325 W. Gaines St., Tallahassee, FL 32399-0400 (904-488-6830). Source of Family Needs Scale and Family Support Scale.

40 *Ensuring student success through collaboration: Summer institute papers and recommendations of the Council of Chief State School Officers.*
Council of Chief State School Officers (1992), p. 1-132.
Council of Chief State School Officers, One Massachusetts Avenue, NW, Suite 700, Washington, DC 20001-1431.
Contains 11 papers covering community support in education, implementing school-linked services, youth development approach in schools, human service reforms, family-centered approaches, financing school-linked services, collaboration in education, and comprehensive school health services. Appendix contains the Council's policy statement regarding student success through community collaboration, including four guiding principles and seven strategies for change to ensure the success of community collaboration and to promote a common vision for the well-being of the nation's children.

41 *Executive guide. Improving mission performance through strategic information management and technology.*
Browsher, C. (1994), p. 1-48.
U.S. General Accounting Office, Washington, DC. 20548-0001.
Addresses "what agencies can do now to improve performance by using new approaches to managing information and their related technologies." Focuses on 11 practice principles learned from the senior management staff in leading organizations in the following areas: decide to change, direct change, and support change with respect to information management. Each principle is described fully and contains information on specific characteristics, how to get started, and a case study incorporating the practice principle. GAO/AIMD-94-115.

42 *Expanding school health services to serve families in the 21st century.*
Igoe, J.B. and B.P. Giordano (1992), p. 1-36.
Office of School Health Programs, University of Colorado Health Sciences Center, Denver, CO.
Discusses family health centers as a means of addressing the needs of families, enabling the community to take responsibility for their children and families. Provides numerous examples of programs throughout the country that have successfully implemented family service centers.

43 *Family matters newsletter.*
Robert Wood Johnson Foundation (Summer 1993) p. 1-19.
Mental Health Services Program for Youth, Washington Business Group on Health, 777 North
Capitol Street, NE, Suite 800, Washington, DC 20002.
Addresses the concern of serving children through collaboration, advocacy, system reform, etc. Discusses programs from California, Kentucky, North Carolina, Ohio, Oregon, Pennsylvania, Vermont, and Wisconsin which provide services to children. Each program discussion addresses program dynamics and financing strategies. Also outlined and briefly discussed are individualization of care, management of care, financing of care, and normalization of care as the "four essential values for building systems of care." Glossary of terms.

44 *Family support programs and school-linked services: Overview of family support programs.*
Administration for Children, Youth and Families (1991), p. 1-5.
Family Resource Coalition, 200 S. Michigan Ave., Suite 1520, Chicago, IL 60604
Discusses family support programs and school-linked services. Describes the premises of family support programs, program components, and four family support program initiatives. A brief description of resource organizations is provided to enable the reader to request additional information. ERIC # ED 352145

45 *Fighting fragmentation. Coordination of services for children and families.*
Soler, M. and C. Shauffer (1993).
Education and Urban Society, 25(2):129-140.
Provides an overview of the CASSP (Child and Adolescent Service System Program), the Willie M. Program, and The Ventura County Model, all of which utilize integrated services to address mental health issues with children. Also outlines characteristics of effective "coordinated service programs: clear value statement, family-centered orientation, broad community involvement, involvement of the educational system, accessible intake location, evaluation of all needs, case management, service plan, dispute resolution, high-quality services, flexibility in funding, information system, measurement of effectiveness, planning of additional services, and communication capability."

46 *Financing school-linked services.*
Kirst, M.W. (1992).
Education and Urban Society, 25(2):166-174.
Addresses the issue of financing school-linked services. Suggests a new technique of utilizing existing money from the state and local government/community as matching funds to supplement federal funding. Provides three examples from school-linked services in San Diego, New Jersey, and Kentucky as to how the techniques may be successfully implemented.

47 *Financing school-linked services*
Kirst, M.W. (1992).
University of Southern California, Center for Research in Education Finance, School of Education,
Waite Phillips Hall 901, Los Angeles, CA 90089-0031.
University of Southern California Policy Brief (7):1-7.
Discusses funding school-linked services, specifically collaboration, the need for a new children's service strategy, funding principles, and federal funding sources such as Medicaid, Maternal and Child

Health Block Grant, Title IV-E of the Social Security Act, and AFDC. Also describes three school-linked service programs: New Beginnings, San Diego; New Jersey's High School Program; and Family Resource and Youth Service Centers in Kentucky and their funding issues.

48 *Financing school-linked, integrated services.*
Farrow, F. and Joe, T. (1992).
The Future of Children, 2(1):56-67.
Addresses the issue of financing school-linked services, including potential funding sources for education, social services, and health care. Outlines three barriers to financing: categorical funding, crisis orientation, and the absence of universal entitlement approach. Discusses strategies that may counteract the negative effects of the barriers. Also contains information regarding the development and implementation of a fiscal strategy for school-linked services.

49 *Florida full service schools training conference. Summary of the proceedings.*
Florida Department of Education (1992), p. 1-163.
Institute for At-Risk Infants, Children and Youth, and Their Families, College of Education,
University of South Florida, Tampa, FL 33620.
Topics addressed are collaboration, information sharing, networking, after-school programs, co-locating services, mental health services, family service center model, Full Service Schools Act, and the challenges facing full service schools. Appendixes contain Full Service School Concept Paper, newspaper articles, conference agenda, and a directory of the conference presenters, their addresses, and phone numbers.

50 *Florida's full service schools: A case study of three oversight committees.*
Reynolds, J.E. (1994), p. 1-37.
Florida Department of Education, Tallahassee, FL.
Provides three case studies with respect to interorganizational collaboration. Methodology, research design, and results are discussed in detail. Implications of the findings are discussed with regard to system-oriented change, leadership, collaboration coordination, and cooperation. Concludes with recommendations for policy-makers and practitioners, as well as recommendations for further research on the topic of interorganizational collaboration.

51 *Florida youth risk behavior survey summary report.*
Florida Department of Education (1994), pp. 1-37.
Survey developed by the Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention to monitor the following health-risk behaviors: tobacco use; alcohol and other drug use; sexual behaviors that result in HIV infection, other sexually transmitted diseases and unintended pregnancies; dietary behaviors; physical activity; and behaviors that result in unintended and intentional injuries. Survey was aimed at regular public schools in Florida, grades 1-12. Provides responses from 60% of sampled population.

52 *Focus on parents: Strategies for increasing the involvement of underrepresented families in education.*
Office of Community Education (1989), p. 1-43.
Massachusetts Department of Education, 1385 Hancock St., Quincey, MA 02169.
Discusses strategies and approaches for increasing parent and family involvement in education. Three parts address principles of effective parent involvement, seven steps for effective outreach to families, and twenty-six sample strategies. Sample strategies are divided into categories of outreach, education, and empowerment. Appendix summarizes key research on parent involvement. 16098-5000-82-11/89.

53 *Formative evaluation of the Kentucky family resources and youth service centers: A descriptive analysis of program trends.*
Illback, R.J. (1993), p. 1-74.
R.E.A.C.H. of Louisville, Inc., 101 East Kentucky Street, Louisville, KY 40203.
Summarizes the Kentucky Family Resource and Youth Service Center Program which was designed "to reduce barriers to learning through school-based family support and parent involvement initiatives." Topics: program history and development, literature and research summary, evaluation component, program results, summary and recommendations. Emphasis on program's results/outcomes. Appendixes contain Child/Family Demographics, Risk Factors, Needs Checklist, Educational Status Checklist, Service Delivery Matrix, Support Helpfulness Scale, and Program Participant Survey.

54 *Fragile families, fragmented services: A strategy for reform.*
Rude, J.C. (1992-93).
AACC Journal, Dec/Jan:27-30.
Addresses collaboration in the Beacon College Grant Project, which involved six Oregon community colleges. Project's vision is for community colleges to act as "leading architects in building new communities in America" through collaborative partnerships with employers and public and private community agencies. Outlines guidelines for collaborative projects: focus on needs of individual client; sharing of information; decrease client dependency on agency; cultivate internal teamwork; and strive for tangible and measurable outcomes.

55 *Fulfilling reform's promise: A need to expand the vision of education in the south.*
BellSouth Foundation (1991), p. 1-52.
BellSouth Foundation, 1155 Peachtree Street, NE, Atlanta, Georgia 30367-6000.
Highlights findings and suggestions of a 22-member group organized to investigate education reform. Focuses on how philanthropy in education can improve learning, teaching, higher education technology in education, and the overall process of education. Appendixes contain an evaluation questionnaire as well as a listing of Task Force, Management Panel, and Advisory Committee members.

56 *Full service schools and comprehensive school health projects.*
Florida Department of Education and Florida Department of Health and Rehabilitative Services (1995).
Lists schools across the state of Florida that receive funding from Full Service Schools and Comprehensive School Health. Each entry contains information regarding funding amount and service description.

57 *Full-service schools. A revolution in health and social services for children, youth, and families.*
Dryfoos, J.G. (1994), 310 pages.
Josey-Bass, Inc., 350 Sansome Street, San Francisco, CA 94104.
Describes full service schools as "the movement to create an array of integrated support services in schools that responds to the declining welfare of may American families and the rising new morbidities of sex, drugs, violence, and stress among youth." Builds a compelling case for broad public commitment to full-service schools based on a historical and current overview of national efforts and an exploration of cost-effectiveness. Brief descriptions are given on how programs are organized, staffed, and funded, with emphasis on school-based clinics. Contains glossary, bibliographical notes, and index.

58 *Getting our acts together.*
Kirst, M., M. McLaughlin and D. Massell (1991).
Thrust for Educational Leadership, p. 22-24.
Discusses schools providing integrative services, specifically addressing the new role of the principal, various service/program options for integration, case management, and the need for a children's service coordinator. Using these concepts, schools "move from the role of deliverer of educational services to the role of broker of the multiple resources that can be applied to achieve successful, productive and happy lives for children."

59 *Getting ready to provide school-linked services. What schools must do.*
Jehl, J. and Kirst, M.W. (1993).
Education and Urban Society, 25(2):153-165.
Addresses successful school-linked services that result from a restructuring of traditional school operations. The successful restructuring/change in school personnel, levels of district leadership, middle management, principals, and teachers are discussed in length. Also considers restructuring parent/school interactions and goal accountability. EJ 460625

60 *Getting schools ready for children: The other side of the readiness goal.*
Southern Regional Education Board (1994), p. 1-40.
Southern Regional Education Board, 592 Tenth Street, N. W., Atlanta, Georgia 30318-5790.
Focuses on Goals for Education: Challenge 2000, Goal 1 - readiness for school, and how it is essential that schools are prepared to meet the needs of students. Outlines eight changes that schools can institute to successfully achieve Goal 1. Selected reading list.

61 *Getting to know a good middle school: Shoreham-Wading River.*
Maeroff, G.I. (1990).
Phi Delta Kappan, March, p. 504-511.
Describes the extraordinary approach of Shoreham-Wading River School to educating students in grades 6 through 8, employing such techniques as team teaching, collaboration, academic wings, students trained in conflict resolution, community service requirements, and frequent advisor/student sessions. The middle school, located on Long Island, New York, has an enrollment of approximately 450 students with an annual budget of more than 5 million dollars. EJ 403802

62 *Glass walls: Confidentiality provisions and interagency collaborations.*
Soler, M.I., A.C. Shotton and J.R. Bell (1993), p. 1-85.
Youth Law Center, 114 Sansome Street, Suite 950, San Francisco, CA 94104.
Focuses on confidentiality and interagency collaboration, analyzing statutes and regulations and identifying successful mechanisms and strategies of confidentiality models. In addition to analysis of federal statutes, also looks at California, Iowa, New York, and Washington state statutes and regulations. Topics include privacy interests of children, families and agencies, confidentiality restrictions, protecting privacy, consent forms, release forms, interagency agreements, and aggregate information systems.

63 *Handbook: Legal issues for school-based programs.*
Legal Action Center (1991).
Legal Action Center, 153 Waverly Place, New York, NY 10014.
Explores the issue of confidentiality in school-based programs. Contains discussion of federal regulations governing confidentiality and of student information disclosures to parents under the Federal Educational Rights and Privacy Act.

64 *Head start program performance standards (45-CFR 1304).*
U.S. Department of Health and Human Services (1991), p. 15-37.
U.S. Department of Health and Human Services, Administration for Children and Families, Administration for Children, Youth and Families, Head Start Bureau, Washington, DC.
Gives Head Start Program's health services objectives, performance standards, and guidance statements.

65 *Health and social services in public schools: Historical perspectives.*
Tyack, D. (1992).
The Future of Children, 20(1):19-31.
Addresses historical perspectives of health and social service programs in the public school system. As far back as 1890, "reformers" saw the need for school lunches, health services, and social services. Looks at why these programs were proposed, how they affected the school, and who received the services.

Current reform proposals, how they relate to history, and lessons learned from the historical perspective are also addressed.

66 *Healthy caring: A process evaluation of the Robert Wood Johnson Foundation's school-based adolescent health care program.*
Marks, E.L. and C.H. Marzke (1993), p. 1-93.
Mathtech Inc., Suite 200, 210 Carnegie Center, Princeton, NJ 08540.
Describes the program, established to meet the health needs of adolescents by utilizing the school environment. Data regarding the school-based adolescent health centers was collected from 24 centers. Covers starting up, services, personnel, organizational management and environment, relationships with school staff and students, costs and revenues, and lessons for the future.

67 *Healthy youth 2000: National health promotion and disease prevention objectives for adolescents.*
American Medical Association (1990), p. 1-50.
American Medical Association, Department of Adolescent Health, 515 North State Street,
Chicago, IL 60610
Objectives are divided into Primary Adolescent Health Objectives (physical activity and fitness, nutrition, tobacco, alcohol and other drugs, family planning, mental health and mental disorders, violent and abusive behavior, educational and community-based programs, unintentional injuries, environmental health, oral health, maternal and infant health, HIV infection, sexually transmitted diseases, and clinical preventive services) and Additional Objectives Regarding Roles (health care professionals, schools, communities, and governments). Also provides a listing of Healthy People 2000 resources, which may be ordered from the ODPHP National Health Information Center.

68 *Home visiting.*
Behrman, R.E., ed. (1993). The David and Lucile Packard Foundation, Center for the Future of Children, 300 Second Street, Suite 102, Los Altos, CA 94022.
The Future of Children, 3(3):1-214.
Devoted to multidisciplinary discussion of home visiting programs. Contains 11 articles in the following categories: description, research, economic analysis, recommendations for improvement, implications, providing services to diverse families while respecting cultural contexts, and universal home visiting as a means of preventing child abuse and neglect. Appendixes describe home-visiting programs nationwide. Also included are program contact persons, addresses, and phone numbers.

69 *Home-based services for serious and violent juvenile offenders.*
Center for the Study of Youth Policy (1994), p. 1-26.
Center for the Study of Youth Policy, School of Social Work, The University of Pennsylvania,
4200 Pine Street, 2nd Floor, Philadelphia, PA 19104-4090.
Booklet describes two home-based service programs for juvenile offenders: Multisystemic Treatment Approach and the Tarrant County Advocate Program. Each program is briefly described, along with its current status, outcomes, and goals.

70 *Identifying potential dropouts through school health records.*
Swanson, N. and B.J. Leonard (1994).
Journal of School Nursing, 10(2):22-26, 46.
Study focused on identifying potential drop-outs by analyzing school records of 225 ninth graders in a midwestern inner-city school. Found these variables significant in predicting student drop-out: vision and scoliosis screening, health room visits, age, and absences. Results state that it is not the health problems themselves for which students drop-out, but the high correlation between the identified variables. Implications for school nursing practice are also outlined; school nurses are perceived as key personnel in assessing at-risk students.

71 *Improving public policy through collaboration: States, communities and grantmakers working together. A policy forum on full service schools in Florida.*
Hercik, J.M. (1994), p. 1-51.
Council of Governors Policy Advisors, 400 North Capitol Street, Suite 390, Washington, DC 20001.
Written "to provide the Florida Policy Forum participants with a record of the proceedings of the two days, and to give them an historical perspective and a framework for thinking through an implementation strategy for their counties. In addition, this report will provide other states wrestling with some of the same issues and concerns as the state of Florida with an outline for strategic planning and development for going to scale with their version of full service schools or school-linked services."

72 *Improving teacher preparation: What the reform reports recommend.*
Guest, L. (1993), p. 1-14.
Education Commission of the States Distribution Center, 707 17th Street, Suite 2700, Denver, CO 80202-3427.
Addresses the issue of improving teacher preparation programs as a component of education reform. Highlights such topics as strengthening the education of teachers, strengthening the profession itself, and changes within and outside schools of education. Also offers six proposals aimed at improving teacher preparation. TE-93-1.

73 *Information systems to support comprehensive service delivery.*
National Center for Service Integration (1994).
Symposium, September 22-23, 1994, Washington, DC.
Provides results of a nationwide study of community and state information system initiatives that support the delivery of comprehensive and integrated services to children and their families. Addresses human services delivery reform, framework for initiatives, system development, functional focus, challenges, lessons learned, and case studies. Appendixes contain samples of planning documents and memoranda of understanding and consent forms.

74 *Ingredients for success: Comprehensive school-based health centers. A special report on the 1993 national work group meetings.*
Brellochs, C. and K. Fothergill (1995), p. 1-48.
Janin/Cliff Design, Inc., The School Health Policy Initiative, Montefiore Medical Center, Albert Einstein College of Medicine, Department of Pediatrics, Division of Adolescent Medicine, 111 East 210th Street, Bronx, NY 10467-2490.
Addresses school-based health centers, staff requirements, integration of school personnel and resources, service capacity and delivery, funding and the implications of these centers on children's health and education needs. Also discussed are the 11 principles the Initiative outlined as essential to school-based health centers. Appendixes contain a directory of the 1993 National Work Group Meeting members.

75 *Integrated approaches to youths' health problems: Federal, state, and community roles.*
Family Impact Seminars (July 7, 1989).
Background briefing report, Washington, DC.
Secondary source: found on page 255 of Full-Service Schools by J.G. Dryfoos.

76 *Integrated services: A summary for rural educators.*
Nawal, L.M. (1993), Information Analysis - ERIC Clearinghouse Products.
ERIC/CRESS, Appalachia Educational Laboratory, P. O. Box 1348, Charleston, West VA 25325.
Discusses the issue of integrated services and two models: school-linked and community-based. Promotes the idea that case management is essential to both models. Discusses integrated services in the scope of rural communities. ERIC Digest EDO-RC-92-9

77 *Integrated services: New roles for schools, new challenges for teacher education.*
Abdal-Haqq, I. (1993). American Association of Colleges For Teacher Education, One Dupont Circle, Suite 610, Washington, DC 20036-1186.
ERIC Digest, February.

Briefly discusses the issue of integrated services, highlighting target population, rationale, possible services included in an integrated service program, characteristics of such a program, problematic issues, and the implications for teacher education. EDO-SP 92/3

78 *Integrating community services for young children and their families.*
North Central Regional Educational Laboratory (1993), p. 1-23.
North Central Regional Educational Laboratory, 1900 Spring Road, Suite 300, Oak Brook, IL 60521-1480.

Discusses the issue of integrating services, specifically addressing the current delivery system, early childhood education, school readiness, caring communities, profamily system, effective service integration initiatives, and guidelines for effective collaboration. Also discusses regional actions and agendas regarding collaboration from Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio, and Wisconsin. Each state action agenda is explained by statewide directives, legislation, funding sources, implications, constraints, and future outlook. Report 3, 1993SR

79 *Integrating education, health, and social services in rural communities: Service integration through the rural prism.*
Bhaerman, R.D. (December 1994), 137 pages.
Research for Better Schools, 444 N. Third Street, Philadelphia, PA 19123-4107.

Conveys the importance of financial, human, technical, and knowledge resources to successful service integration in rural schools and communities. Contains four parts: overview of service integration, rural context, planning, and summary. Appendixes contain information on major funding sources, sample surveys, national and regional organizations, state resources, local resource, university resources, and the National Center for Service Integration's Resource Briefs. OERI contract No. RP91002004

80 *Integrating human services: Linking at-risk families with services more successful than system reform efforts.*
McDonald, G.J. (1992), p. 1-45.
United States General Accounting Office, Washington, DC 20548.

Report to the Chairman, Subcommittee on Children, Family, Drugs and Alcoholism, Committee on Labor and Human Resources, U.S. Senate, addresses the issue and the importance of integrating human services. Addresses initiatives (system-oriented and service-oriented) and benefits/obstacles that each face. Concludes with a discussion of policy considerations. Appendixes contain past federal efforts to integrate services and a description of service integration programs GAO visited. GAO/HRD-92-108

81 *Interagency collaboration in the heartland: Challenges and opportunities. Proceedings of the NCREL early childhood connection.*
Raack, L., L.G. Kunesh and D. Shulman with contributions from M. Kirst, S. Walter, and P. Wolff (1991), p. 1-51.
North Central Regional Educational Laboratory, 1900 Spring Road, Suite 300, Oak Brook, IL 60521.

Discusses issues in interagency collaboration: barriers to collaboration, implementation recommendations, handicapped children as clients, family- and community-based services, a model for linking social services, concerns regarding collaboration within a state, and the future of collaborative services. Also contains a list of Advisory Council and staff members, addresses, and phone numbers.

82 *Interagency collaboration: Improving the delivery services to children and families.*

Kadel, S.W. (1992), p. 1-104. Office of Educational Research and Improvement, U.S. Department of Education.

South Eastern Region Vision for Education (SERVE), 345 S. Magnolia Drive, Suite D-23, Tallahassee, FL 32301-2950.

Addresses interagency collaboration and family service centers. A family service center "is a form of collaborative action which brings together staff and programs from various agencies into one location to serve a community." Covers the benefits of family service centers, steps for development and implementation, as well as potential obstacles and how to overcome them. Provides brief examples of successful programs and techniques, and includes contact person, address, and phone number. Also lists state and national initiatives dealing with collaborative services. Appendixes provide examples of needs assessment forms, staff oath of confidentiality forms, and release forms.

83 *Interagency data systems for accountability.*

Sullivan, C. and J. Sugarman (1995).

Council of Chief State School Officers, Center on Effective Services for Children, PO Box 27412, Washington, DC 20038-7412

Issue Brief, Spring:1-32.

Discusses the purposes of interagency data systems, their inputs and examples of data elements, and eight issues to consider when designing a cross-program, cross-agency system. Also describes six data systems from around the country. Appendixes contain recent federal legislation and examples of data systems.

84 *Interagency task force state implementation plan.*

Interagency Task Force on Family Resource and Youth Services (1991), p. 1-107.

Secretary For Human Resources, Commonwealth of Kentucky, Frankfort, KY, 40621.

Describes establishing Family Resource and Youth Services Centers in Kentucky, "designed to promote the flow of resources and support to families in ways to strengthen the functioning and enhance the growth and development of the individual members and the family unit." Provides guiding principles and a plan of action. Appendixes contain information on statutes, budget, a state resource directory, program component options, and program tours.

85 *Joining forces: Linking the education and social welfare systems to help at-risk children and youth.*

National Association of State Boards of Education (1989), p. 1-7.

National Association of State Boards of Education, 1012 Cameron Street, Alexandria, VA 22314.

Addresses the issue of education and social welfare systems working together for the good of the children. Describes the Joining Forces effort, goals, responsibility, approach, and participants. Encourages change in early intervention to prevent future problems; strengthening family involvement in schools and academic achievement; responding early to children experiencing problems; and changing policies to support children and school success. ED 302 917.

86 *Kentucky family resource and youth services centers guide for planning and implementation.*

Kentucky Family Resource and Youth Services Centers (1992), p. 1-29.

Family Resource Coalition, 200 South Michigan Avenue, Suite 1520, Chicago, IL 60604.

Intended to "walk through the proposal planning process with potential applicants." Outlines the philosophy of Family Resource and Youth Service Centers, the distinguishing characteristics of a center, planning a center, establishing an advisory council, completing a community needs assessment, funding issues, and evaluation strategies. Also lists elements essential to a successful proposal: understanding and applying basic principles; responsiveness to community needs; planning collectively with community and participants; developing a realistic evaluation component; and planning to encounter program changes.

87 *Key issues in developing school-linked, integrated services.*
Gardner, S.L. (1993).
Education and Urban Society, 25(2):141-152.
Addresses key points to consider when planning and implementing school-linked services: planning, targeting, governance, information systems, staffing and community controversy. Discusses these topics in depth and provides useful strategies for success.

88 *Kids count data book: State profiles of child well-being.*
The Annie E. Casey Foundation (1994), pp. 1-168.
The Annie Casey Foundation, One Lafayette Place, Greenwich, CT 06830.
Provides a national profile of state-specific data regarding percent of low-birth-weight babies, infant mortality rate, child death rate, percent of all births that are to single teens, juvenile violent crime arrest rate, percent graduating from high school on time, percent teens not in school and not in the labor force, teen violent death rate, percent of children in poverty, and percent children in single-parent families.

89 *Leadership for collaboration: A training program.*
South Eastern Regional Vision for Education (SERVE), p. 3, 19-21, 28, 31-32, 42, 62-63, 100-101.
SERVE, 41 Marietta Street, NW, Suite 1000, Atlanta, Georgia 30303.
Promotes skills necessary to ensure positive collaboration: strategies for teamwork, skills that enable positive working relationships, information and benefits of collaboration, samples of collaborative models, and knowledge regarding the collaboration process. Provides an in-depth guide to setting up the training program.

90 *Making it simpler: Streamlining intake and eligibility systems.*
Kraus, A. and J.B. Pillsbury (1993), p. 1-27.
National Center for Service Integration Information Clearinghouse, National Center for Children in Poverty, Columbia University, 154 Haven Avenue, New York, NY 10032.
Looks at streamlining federal, state, and local government programs in an effort to simplify intake and eligibility systems. Streamlining simplifies processes, removes unnecessary tasks, reduces repetitive work, reduces manual transfers of information, and builds partnerships among agencies. Suggests changes in policy, administration, and technology. Barriers such as turf issues, confidentiality, restrictive rules, technology limitations and cost/benefit factors are discussed, along with lessons learned and implementation strategies. Resource Brief 6

91 *Making it work: Bringing people, money and services together.*
DeWoody, M., p. 1-22.
Child Welfare League of America.
Presentation outline booklet addresses different delivery systems for a family and how they must fit together, collaborating funding and services, streamlining, various programs that children and families need, and the Full Service School approach as one way in bringing people, money, and services together.

92 *Making the case: Evidence of program effectiveness in schools and classrooms.*
Ralph, J. and M.C. Dwyer (1988), p. 1-54.
U.S. Department of Education, Program Effectiveness Panel, Recognition Division, 555 New Jersey Avenue NW, Room 510, Washington, DC 20208-5645.
Outlines guidelines for the U.S. Department of Education's Program Effectiveness Panel whose mission is to evaluate a program's effectiveness. Programs that are submitted for evaluation and approved "become a member of the National Diffusion Network and eligible to apply for federal dissemination funds." Describes the submission process and proper format; claims; case study methodology; types of evidence and educational impact; evaluation design; meaningful results and realistic expectations of data. Describes four claim types: "Academic Achievement—Changes in Knowledge and Skills, Improvements

in Teachers' Attitudes and Behaviors, Improvements in Students' Attitudes and Behaviors, and Improvements in Instructional Practices and Procedures."

93 *Maternal and child health 1995 publications catalog.*
National Maternal and Child Health Clearinghouse (1995), p. 1-37.
Circle Solutions, Inc., 8201 Greensboro Drive, Suite 600, McLean, VA 22102-3810.

Lists free publications available from the National Maternal and Child Health Clearinghouse. Publications are first listed by topic (i.e. prenatal care, breast feeding, immunizations, violence and injury prevention, adolescent pregnancy, and youth in the Juvenile Justice System to name a few) and then in alphabetical order.

94 *Medicaid financing for mental health and substance abuse services for children and adolescents.*
Fox, H.B., L.N. Wicks, M.A. McManus, and R.W. Kelley (1991), p. 1-69.
U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, Rockwall II, 5600 Fishers Lane, Rockville, MD 20857.

Provides "an explanation of the basic structure of the Federal Medicaid program and current information on the availability of Medicaid coverage for mental health and substance abuse prevention and treatment services across States." Data resulted from telephone interviews of state Medicaid personnel from all 50 states and the District of Columbia in 1989. Major parts of the report are: Basic information, requirements and operations in the Medicaid system; Analysis of benefits and mandatory and optional benefit categories; Survey results and recommendations. Appendixes contain the results of the "50-States Survey of State Medicaid Coverage Policies and Practices" and a list of terms and abbreviations. (SMA) 93-1743

95 *National center for service integration news.*
National Center for Service Integration (Winter 1994), p. 1-8.
Mathtech, Inc., 5111 Leesburg Pike, Suite 702, Falls Church, VA 22041.

Newsletter looks at providing integrated services to children and their families; specifically discusses history, current efforts, barriers (federal, state, and local), local experiences, and strategies. Also contains a state profile of Oregon and its effort in integrating services. Updates on service integration activities (federal, state, and local) are also included.

96 *National conference of lieutenant governors education task force subcommittee on at-risk students.*
National Conference of Lieutenant Governors (1992), p. 1-20.
National Conference of Lieutenant Governors, Lexington, KY.

Addresses the issue of at-risk students and their families, defining "at-risk" and providing indicators of students who are potentially at-risk: family-related, social-economic, and student/self. "[B]y developing a comprehensive and collaborative model involving the family, the schools, community-based service agencies, other community leaders, state human service agencies, and state leaders, a more efficient and effective service delivery mechanism can result" to aid at-risk students in learning. Discusses program models with respect to overall structure, program characteristics, budget, implementation, and evaluation and accountability. Appendixes contain a program outline of 20 state collaborative initiatives. Contact names and phone numbers are provided. ED 352 133

97 *National health education standards: Achieving health literacy.*
Joint Committee on National Health Education Standards, American Cancer Society, Inc. (1995), p. 1-81.
Health For Success, Excellence in School Health Education: 1-800-ACS-2345.

Discusses each standard and corresponding rationale statements and performance indicators. Also addresses the supports, Opportunity-to-Learn Standards, required at the federal, state, and local levels to achieve the National Health Standards. Attachments contain a listing of the Joint Committee members, a listing of key events, an article titled, "Making Time in the School Day for Health Instruction," a statement from the Joint Secretaries of Education and Health, and a reference list of key documents.

98 *On behalf of our children: A framework for improving results.*
Georgia Policy Council for Children and Families (1994), p. 1-30.
Georgia Policy Council for Children and Families, Atlanta, GA.

Recommendations for improving the lives of Georgia's children and families, based on review of community-based programs in the state and identification of "principles essential for success: community-based services, family focus, results accountability, collaborative planning, prevention, early intervention, and joint and shared planning." Explains framework and strategy for improving the well-being of the state's children and families, striving to accomplish improvements in child health, child development, family functioning, school performance, and family economic capacity. Appendixes contain a sample of successful programs in Georgia.

99 *On the brink of change, 1994 annual report.*
BellSouth Foundation (1994), p. 1-32.
BellSouth Foundation, 1155 Peachtree Street, NE., Atlanta, Georgia 30309-3610.

Describes initiatives that were awarded BellSouth Foundation grants in 1994, as well as the more than eighty active grants in 1994. Overall, "the Foundation dispersed $3,980,973 in payments for new and active grants…" to promote "…comprehensive education reform in the South by supporting initiatives that will result in real improvements in student learning. Over the years we have learned that this improvement comes from the relentless pursuit of change." Also outlines the Foundation's three priorities for funding.

100 *One district's strategies for collaboration.*
Donofrio, R.I. (1992), Murphy Elementary School District, Phoenix, AZ.
The Executive Educator, April:20.

Briefly discusses the need for collaboration and outlines four guidelines as strategies for collaboration: "Know the scope and mission of your own institution — including how far you are willing to go to provide noninstructional services"; "Assess how well the social service needs of your students and families are being met outside the schools"; "Before embarking on collaboration with other agencies, assess what your school district is already doing to meet the broader needs of children"; and "Set up ground rules that will govern attitudes and expectations." Provides other practical do's and don'ts regarding collaborative relationships. UMI # EJ 441189

101 *Parent involvement resource manual.*
Cain, Hugh (1995).
Webster's International, Inc. 5729 Cloverland Place, Brentwood, TN 37027, 1-800-727-6833.

Covers types of parental involvement, organizational strategies, what's working in the field, federal requirements for the Title I educator. Also provides complete workshops on Communicating With Your Child, Computer, Parent-Student-Teacher Conferences, Library, Make & Take, Newspaper, Taking Charge: Discipline Without Tears, Homework, Self-Esteem, Television, and Using Everyday Strategies to Help Your Child With Reading and Math.

102 *Portraits of interagency collaboration.*
Guthrie, L.F., B. Scott, G.P. Guthrie, and J.Z. Aronson (1993), p. 1-60.
Office of Educational Research and Improvement, Washington, DC.
Far West Laboratory for Educational Research and Development, 730 Harrison Street, San Francisco, CA 94107-1241.

Uses five case studies to address the issue of interagency collaboration. Covered in each case study are program overview, services provided, strategies, keys to success, and barriers/challenges. Vignettes illustrate selected topics. ERIC # ED 356 573

103 *Preparing leaders for change-oriented schools.*
Thurston, P., R. Clift and M. Schact (1993).
Phi Delta Kappan, November:259-265.
Discusses administrative training for school administrative personnel, outlining "four postulates as essential elements of change-oriented leadership that benefits students: 1. Leaders for change are transformational and engage in relationships with school personnel that inspire all participants…. 2. Leaders for change create collaboration…. 3. Leaders for change are oriented toward continuous learning…. 4. Leaders for change use a variety of student outcomes to evaluate the effects of improvement efforts." Four case studies (2 elementary schools, 1 middle school, and 1 high school) explore the postulates, and four attributes of a successful administrative leader are identified: child-centered, communicator, collaborator, and information processor.

104 *Prevention Abstracts: Current research on prevention issues.*
Aboud, M.J. (ed.) (1994), pp. 1-24.
Southeast Regional Center for Drug-Free Schools and Communities, Spencerian Office Plaza, University of Louisville, Louisville, KY 40292.
Contains a collection of 13 prevention abstracts that deal with adolescent substance use/abuse, coping skills and resilience, juvenile delinquency, adolescents' major concerns/perceived resources, and aggression.

105 *Principles to link by. Integrating education health and human services for children, youth and families: Systems that are community-based and school-linked.*
Elders, J. (1994), p. 1-12. Centers for Disease Control and Prevention, Ewing Marion Kauffman Foundation, Maternal and Child Health Bureau, and Stuart Foundations.
U.S. Department of Health and Human Services, 601 Thirteenth Street NW, Suite 400 North, Washington, DC 20005.
An overview of the National Consensus Building Conference where more than 50 private and public agencies assembled to share their views regarding integrating services. Focuses on "assuring effective services, building capacities for communities to conduct needs assessments and evaluations, initiating more collaborative funding practices, and expanding or developing structures for integrated services." As a result of the focus 31 principles were established, which address all levels of government and are described in detail as a guide to integrating services for children and their families.

106 *Problem solving and barrier removal in an interagency collaborative program.*
Florida Department of Education (1993), p. 1-42.
Diana Lincoln, HRS Education Coordinator, Department of Health and Rehabilitative Services, 1317 Winewood Blvd., Building 1, Room 218, Tallahassee, FL 32399-0700.
Results of a survey by the Interagency Work Group on Full Service Schools. Focuses on problem areas that have hindered the full service school program, including lack of understanding; lack of resources; funding procedures; management, coordination, collaboration; information system and sharing; involvement and participation; and mobility. Corresponding problem statements, causes, proposed solutions, and work group suggestions are offered. Contains a copy of the Full Service School Problem Solving Survey, along with a list of respondents.

107 *Proceedings of a joint conference on school health and full service schools.*
Hetrick, M. ed. (1993), p. 1-236. Florida Department of Education.
Institute for At-Risk Infants, Children and Youth and Their Families, College of Education, University of South Florida, Tampa, FL 33620.
Addresses school health programs and full service school programs. Appendixes contain a directory of the conference presenters, along with their addresses and phone numbers.

108 *Proceedings of a joint conference on school health & full service schools, June 27-29, 1994.*
Hetrick, M. ed. (1994), p. 1-437.
Institute for At-Risk Infants, Children & Youth, and Their Families, College of Education, University of South Florida, Tampa, FL
Collection of the conference proceedings with workshop topics including Integration of school health services; Full service schools; Health reform effects on school health; Using Medicaid reimbursement in schools; Facing controversy in health education, teen sexuality and HIV/AIDS; Sexual abuse and teenage pregnancy; Health education, school improvement and service integration; Comprehensive health services: knowledge, skills, and techniques. Directory of conference presenters.

109 *Project abstracts, educational partnerships program.*
Danzberger, J.P. and S.J. Gruskin (1993), p. 1-88.
D. Williams, U.S. Department of Education, 555 New Jersey Avenue NW, Washington, DC 20208-5644.
Collection of project abstracts from across the country about this program created "to encourage the creation of alliances between public schools or institutions of higher learning and the private sector," as well as to disseminate information regarding the program's projects/activities. Each abstract contains descriptive title, funding, project partnership, target student population and focus, objectives, description, and program activities, evaluation plan, contact person, and U.S. Department of Education Office of Educational Research and Improvement Project Officer. Also includes the Educational Partnerships Program Evaluation and Documentation Project by Southwest Regional Laboratory.

110 *Promoting Nebraska's future. National education goal 1; By the year 2000 all children in America will start school ready to learn. A primer for community level planning groups.*
Office of Child Development (1992), p. 1-12.
Nebraska Department of Education, 301 Centennial Mall South, Lincoln, Nebraska 68509-4987.
Discusses the National Education Goal 1 with regard to children in Nebraska. Also speaks about how the State Board of Education, citizens, and communities have responded to Goal 1. Briefly describes 10 collaborative programs in Nebraska, along with contact person and phone number. A Goal 1 Community Report Card is provided as a means to rate your community with respect to 24 education/health indicators. ERIC # ED 352 190

111 *Putting children first: State-level collaboration between education and health.* (pamphlet)
Foley, C.
National Health & Education Consortium, Institute for Educational Leadership, 1001 Connecticut Avenue, NW, Suite 310, Washington, DC 20036.
Discusses the need for each of us to become a child advocate, promoting collaboration between education and health services at the state level. Provides a framework for developing a state-level education/health consortium that focuses on children's issues/needs. Framework contains 10 action steps. Full report available from the National Health and Education Consortium for a $10 fee.

112 *Putting services in one basket.*
Rist, M. C. (1992).
The Executive Educator, p. 18-24.
Discusses the issue of collaboration: schools-communities-human service agencies working together to meet the needs of children and their families. Compares and contrasts community-based and school-based delivery systems. Advises how to get started and offers four important guidelines: study local as well as nationwide demographics; work to develop a sense of interagency teamwork; commit the resources necessary for success; and do not overlook the importance of training. Stresses the importance of commitment to successful partnerships for interagency collaboration. UMI # EJ 441188

113 *Readiness for school: The early childhood challenge.*

Southern Regional Education Board (1992), p. 1-36.

Southern Regional Education Board, 592 Tenth Street, N. W., Atlanta, Georgia 30318-5790.

Focuses on Goals for Education: Challenge 2000, Goal 1 - Readiness for School. Essential to this goal is the realization that readiness for school begins even before a child is born and that a child's physical and mental well-being are crucial for successful learning. Outlines strategies for change at the state level; addresses obstacles that can hinder change and discusses the issue of financing.

114 *Recommendations for a coordinated, need-responsive system of assessment and program eligibility.*

Shared Service Network. Client Assessment/Program Eligibility Ad Hoc Work Group (1991), p. 1-40.

Shared Service Network, 1950 W. Tennessee Street, #10, Tallahassee, FL 32304.

Investigates the need "for system improvements in local practices of multiagency client assessment and eligibility determination that would improve the quality of intake process for consumers and service coordinators and reduce potential inefficiencies in the use of public funds." Outlines key recommendations for system improvement and discusses system issues identified from eight current illustrative cases. Appendixes contain notes from the Work Group meetings.

115 *Report of the ad hoc committee on full service schools.*

Dade County Ad Hoc Committee on Full Service Schools (1994), p. 1-58.

Instructional Leadership, Dade County Public Schools, Miami, FL.

Summarizes the Committee's conclusions, given their charge to establish the framework for implementing full service schools across the district. Offers recommendations with respect to site selection, funding, staffing, facility design, implementation, needs assessment, interagency agreement, confidentiality, and Medicaid. Concludes that Blueprint 2000 Goals 1, 2, 5, and 7, will be addressed through the implementation of Full Service Schools.

116 *Results of survey of barriers to student development.*

School Board of Polk County, Florida (1994-95).

Purpose was to determine the degree to which the Family Services Schools Program was effective in meeting its objectives. Form was completed by classroom teachers (pre-K through 6th grade) pre- and post-school year service. Results are described with respect to preservice mean and standard deviation, postservice mean and standard deviation, barrier reduction index, and rank order of indexes.

117 *Rethinking block grants: Toward improved intergovernmental financing for education and other children's services.*

Hayes, C.D. with A.E. Daneggar (1995), p. 1-33.

The Finance Project, 1341 G Street, NW, Washington, DC 20005.

Focuses on financing for education and other children's services. Utilizes research from the 1980s regarding the impact of the Reagan block grants. Topics addressed are program flexibility, streamlining, replacement of lost federal funding, accountability, and target populations. Also discusses block grants and how the nation's past experience with them can assist in this debate.

118 *Rethinking children's policy: Implications for educational administration.*

Kirst, M. and M. McLaughlin, p. 1-29.

Addresses the increasing number of children who are exposed to negative experiences. Utilizes information from the Policy Analysis for California Education (PACE) to present statistics and trends regarding poverty, family structure, work, and health measures. Also discussed are problems associated with children's service implementation such as overservice and service fragmentation. Provides goals and suggestions, and concludes that the "school moves from the role of deliverer of educational services to the role of broker of the multiple resources that can be applied to achieve successful, productive and happy lives for children."

119 *Rethinking family-school interactions: A prologue to linking schools and social services.*
Smrekar, C. E. (1993), Sage Publications, Inc.
Education and Urban Society, 25(2):175-186.

Deals with the issue of school-linked social service programs, focusing particularly on the "organizational conditions and social processes related to family-school interactions." Contains a case study of two schools, Carlton and Western, with regard to the elements that foster and hinder connections between family and school. Stresses the importance of trust, familiarity, and understanding to successful school-linked social service delivery. Suggests and briefly describes the following strategies: collectively develop a vision statement, establish communication channels, conduct home visits, and use team teaching for continuity of care.

120 *Safeguarding our future, children & families first. The report of the Texas Commission on Children And Youth.*
Texas Commission on Children and Youth (1994), p. 1-262.
Texas Commission on Children and Youth, Price Daniel, Sr. Building, Room G-04, 209 West 14th Street, P. O. Box 13106, Austin, TX 78711.

Addresses the need to improve and coordinate public programs to focus more on prevention and early intervention regarding the juvenile and criminal justice systems, stressing that the only way to combat increased juvenile crime is to focus on what places juveniles at risk in the first place. Identifies goals: fostering stable, nurturing families; promoting healthy children; ensuring school readiness; guaranteeing school success; deterring youth from crime; and ensuring serious consequences for violent and habitual juvenile offenders. Elaborates with findings, recommendations, and fiscal impact, and recommends partnership between local communities and the state. Appendixes contain mission statement, indicators, goal strategies, and descriptions of 30 model programs across the state.

121 *School based integrated services. Replication guide.*
Funded by a grant from the U.S. Dept. of Health & Human Services and the Danforth Foundation.
Department of Social Work, Institute on Children and Families at Risk, Florida International University, 3000 N.E. 145 St., North Miami, FL. 33131-3600. (305)-950-5746

Provides general guidance on the topics of families as action systems: parent partners, professional staff, consortia, mission, rights & goals, facilitation, service tailoring, and nurturing change, training.

122 *School-linked comprehensive services for children and families. What we know and what we need to know.*
U.S. Department of Education's Office of Educational Research and Improvement (OERI) (1995).
New Orders, Superintendent of Documents, P. O. Box 361954. Pittsburgh, PA 15250-7954.

Presents findings of an agenda-setting conference convened by Sharon P. Robinson, assistant secretary of the Office of Educational Research and Improvement (OERI), and Jane Stallings, president of the American Educational Research Association (AERA). Six ideas were prevalent across participants: committed leadership, cultural sensitivity and congruence, participant-driven services, interprofessional development, new research approaches, and flexibility in policies. Stock # 065-000-00754-1.

123 *School-based health clinics: Legal issues.*
English, A. and L. Tereszkiewicz (1988).
National Center for Youth Law, 114 Sansome Street, Suite 900, San Francisco, CA 94104.

Addresses legal issues for school-based health clinics, specifically informed consent, confidentiality, and clinic liability.

124 *School-community relations: A process paradigm.*
Wanat, C.L. and B.D. Bowles (1993).
Community Education Journal, Winter:3-7.

Addresses the need for collaboration between school and community services and personnel, utilizing research conducted at the University of Wisconsin-Madison Research and Development Center during the 1970s and the resulting model: Home-School-Community Relations. Explains model's impact and implications.

125 *School-linked human services: A comprehensive strategy for aiding students at risk of school failure*
(Testimony)
Report to the Chairman, Committee on Labor and Human Resources, U.S. Senate (1993), p. 1-66.
U.S. General Accounting Office, P. O. Box 6015, Gaithersburg, MD 20884-6015.
Presents school-linked approaches with "at least three of four primary services — health, education, social services, and employment training," at a school site. Analyzes 10 comprehensive school-linked services and discusses strengths, weaknesses, problems, and obstacles of each. Appendixes contain statements from the Department of Health and Human Services and the Department of Education, as well evaluation data. GAO/HRD-94-21

126 *School-linked services.*
Behrman, R.E., ed. (1992). The David and Lucile Packard Foundation, Center for the Future of Children, 300 Second Street, Suite 102, Los Altos, CA 94022.
The Future of Children, 2(1):1-145.
Issue devoted to the discussion of school-linked services, containing articles from 10 authors. Outlines six critical issues as essential to successfully planning and implementing school-linked services: systemic change in the schools and child-serving agencies, targeting, financing, evaluation, state and federal leadership, and alternatives to the school-linked service approach.

127 *School-linked services - so that schools can educate and children can learn, part 1.*
Pollard, J.S. (1990), p. 1-6.
Southwest Educational Development Laboratory, 211 E. Seventh Street, Austin, Texas 78701.
Addresses the argument of providing expanded services at local schools. Explores the types (external referral, mobile rapid response, and school-based services) and attributes (comprehensive services, shared governance, collaborative funding, and organizational models) of school-linked service delivery programs. ED 330 060

128 *School linked services - so that schools can educate and children can learn, part 2.*
Pollard, J.S. (1990). Southwest Educational Development Laboratory, 211 E. Seventh Street, Austin, TX 78701.
Insights on Educational Policy and Practice, August:1-4.
Discusses school-linked services and these concerns: "(1) the qualities of successful collaborative service delivery programs and (2) the nature of the policy context in which they operate." Presents six policy concerns that need to be addressed by state and local policymakers, followed by strategy statements that aid in successful implementation. ERIC # ED 330 062

129 *School-linked services - so that schools can educate and children can learn, part 3.*
Pollard, J.S. (1990), Southwest Educational Development Laboratory, 211 E. Seventh Street, Austin, Texas 78701.
Insights on Educational Policy and Practice, (23):3-9.
Offers policies for school-linked services: "ensuring comprehensive service delivery to children and families; developing alternative funding strategies; ensuring family support; ensuring personnel quality; providing leadership in the development of a broad support base; and providing leadership in the development of a broad support." Chart of programs from Arkansas, Louisiana, New Mexico, Oklahoma, and Texas is provided, each containing a contact person and phone number. ERIC # ED 330 063

130 *School-university partnerships in action.*
Sirotnik, K.A. and J.I. Goodlad, eds. (1988), p. 1-235.
Teachers College Press, 1234 Amsterdam Avenue, New York, NY 10027.
Focuses on what school-university partnerships are and what supports are required to facilitate such collaborations. Analyzes five case study partnerships and their experiences and concerns regarding implementation. Biographical sketches of contributing authors. ISBN 0-8077-2892-6

131 *School/community collaboration: Comparing three initiatives.*
Stone, C.R. (1995), Alternative School Programs for the Madison Metropolitan School District, Madison, Wisconsin.
Phi Delta Kappan, (June) p. 794-800.
Explores school and community collaboration through three program approaches: executive collaboration, professional collaboration, and parental collaboration, and examines relative strengths and weaknesses. Concludes that to accentuate the strengths and counterbalance the limitations, an integration of all three program approaches would be beneficial.

132 *School/community networks for successful families: Project SUCCESS. Final report from Lieutenant Governor Bob Kustra and the Coordination of Social Services Action Group.*
Kustra, B. (1991), p. 1-22.
Office of the Lieutenant Governor, State of Illinois, 214 State Capitol Building, Springfield, IL 62706.
Makes recommendations with respect to service delivery systems, given the Group's goal of ensuring that "all Illinois children come to school prepared to learn." Describes the service delivery system model that the Action Group created, along with six core service components essential to the model's success. State-level responsibilities as well as local community responsibilities with respect to collaboration are also outlined. Collaboration is seen as the key component to successful service delivery systems. ERIC # ED 353 050

133 *Schools as community. A position paper of the New York State School Boards Association.*
New York State School Boards Association (1990), p. 1-39.
New York State School Boards Association, Albany, NY.
Addresses the concept of school as community: "the role of the school is changing as social needs and conditions change." Offers New York State's Community Schools Pilot Project, established in 1986, as an example of meeting the changing social environment. Makes fifteen recommendations for school as community. Other topics include school and community collaboration benefits, process of collaboration, effective leadership, community needs, community service, instructional organization, and the role of the school board. Appendixes contain LAMPS Sample Policy 1200 (Community Involvement) and BG1220 (Relations with Community and Business Organizations). ERIC # ED 323 627

134 *Schools as intergovernment partners: Administrator perceptions of expanded programming for children.*
Herrington, C. (1994), p. 1-27.
"[P]rovides an analysis of the pressures being placed on schools to become more active in intergovernment programming and explores the challenges these new programs pose to educational administrators as determined by in-depth interviews with a small sample of school principals and district superintendents." Tables include estimated public expenditures on children, local providers of governmental services, and statutorily mandated responsibilities for child and youth services by policy area and by state.

135 *Schools can do more for parents.*
Shields, M. (1986).
The Exceptional Parent, September:21-22.
Discusses the importance of schools providing parents with "resource lists, sponsoring orientation sessions and helping parents network with one another." Indicates these activities help to empower parents and dispel feelings of isolation. UMI # EJ 341345

136 *Schools for the 21st century: New roles for teachers and principals.*

Wilkes, D. (1992), p. 1-84. Office of Educational Research and Improvement, U.S. Department of Education.

South Eastern Region Vision for Education (SERVE), 345 S. Magnolia Drive, Suite D-23 Tallahassee, FL 32301-2950.

Addresses new roles for teachers (facilitator of learning, decision maker, mentor, researcher), as well as new roles for principals (visionary, enabler, role model and motivator). Also discusses development of a school leadership team that facilitates school improvement. Brief examples ("Dynamite Ideas") of successful programs and techniques are provided. A contact person, address, and phone number are included.

137 *Schools reaching out: A portrait of family-community involvement in schools today.*

Hollifield, J. (1992).

Contemporary Education, 64(1):31-34.

Results of a research survey of 42 member schools of the Institute for Responsive Education's League of Schools Reaching Out. These schools involve families and the community as a whole in the education of children. Summarizing "the efforts of the schools and the activities they are conducting, the researchers describe (a) the level and types of activities being carried, (b) noteworthy emerging strategies, (c) noteworthy program gaps, (d) the comprehensiveness of programs, (e) the need for evaluation, (f) the influence of formal policies, (g) the influence of informal policies, and (h) the costs of parent-community-school collaborative activities." UMI # EJ 463309

138 *Shining stars. Prevention programs that work. 1994 edition.*

Straub, B.W. and B. Buford (1994), p. 1-64.

Southeast Regional Center for Drug-Free Schools and Communities, Spencerian Office Plaza, University of Louisville, Louisville, KY 40292.

Collection of prevention program summaries from across the country, all of which are part of one of three projects: Noteworthy Programs and Practices, U.S. Department of Education's Drug-Free School Recognition Program, or An Eagle's View. Each entry contains program description, program highlights, evaluation information, clientele information, and designated contact person, address, and telephone number.

139 *Size of space and design criteria for facility spaces associated with school health rooms and the concept of full service schools.*

Florida Department of Education (1992).

Product of the Interagency Workgroups on Full Service Schools (Departments of Education, Health and Rehabilitative Services, and Labor and Employment Security). Contains specifications on School Health Room (square footage, components of clinic space, number of beds, program description, location), Reading Resource Room (purpose, size, requirements), and Waiting Room (purpose, size, requirements).

140 *Standing up to violence. Kappan special report.*

Sautter, R.C. (1995).

Phi Delta Kappan, p. K1-K12.

Discusses violence among youth today, specifically juvenile victimization, psychological impact of violence, significant declines in rates of arrests, differentiation between juvenile crime today and in the past, increase of school violence, sources of youth violence, psychological roots, violence predictors, violence prevention programs, school plan for safety and creating safe schools. Provides a comprehensive overview of youth violence as well as practical applications to combat it. Also contains a list of resource reports, studies, and organizations pertaining to school violence.

141 *Starting points: Meeting the needs of our youngest children. (Abridged version)*
Carnegie Task Force on Meeting the Needs of Young Children (1994), p. 1-41.
Carnegie Corporation of New York, P. O. Box 753, Waldorf, MD 20604.
Task force was charged to study "The Quiet Crisis" in America, in the belief that an increasing number of children under the age of three years old are exposed to situations that have the potential to affect their normal development. Focuses on promoting responsible parents, choosing good child care, ensuring proper child health, and fostering community-based resources and services.

142 *Starting young: School-based health centers at the elementary level.*
Shearer, C.A. and S.O.M. Holschneider (1995), p. 1-33.
National Health & Education Consortium, Institute for Educational Leadership, 1001 Connecticut Avenue, NW., Suite 310, Washington, DC 20036.
Focuses on elementary school-based health centers. Discusses such issues as what are school-based health centers, why do elementary schools need them, funding, federal and state support, and how school-based health centers affect the school environment. Appendixes contain a directory of federal, state, and local programs that support school-based health centers and proposed federal legislation. Also contains a reading list of materials relating to school-based health centers.

143 *Streamlining interagency collaboration for youth at risk: Issues for educators.*
Guthrie, G. P. and L. F. Guthrie (1990), p. 1-14.
U.S. Department of Education, Office of Educational Research and Improvement, Washington, DC 20208.
Discusses importance of interagency collaboration and why it is essential for schools and agencies to implement such a philosophy today. Outlines four elements of integrated services: comprehensive, preventative, child-centered, and flexible. Also provides a four-step process for streamlining interagency collaboration, as well as four common "pitfalls and danger signs to avoid." ERIC # ED 342 137

144 *Student assistance program core team training manual.*
Florida Department of Education (1995).
Based on Orange County's SAFE Core Team Training Manual. What to look for and what to do about alcohol, tobacco, and other drug use among students and their parents. Produced under Interdistrict Student Assistance Program Training Project, federal contract number S207 A40002.

145 *Survey of full service school sites in Florida.*
University-of South Florida Institute for At-Risk Children and Their Families (1993).
Conducted by the Department of Drop-out Prevention, Bureau of Student Support and Academic Assistance. Includes full service school site information and the services provided at each. Source of Community Service Inventory.

146 *Synthesis of existing knowledge and practice in the field of educational partnerships.*
Grobe, T., S.P. Curman and A. Melchior (1993), p. 1-42, Department of Education, Office of Educational Research and Improvement.
ERIC Clearinghouse on Elementary and Early Childhood Education, University of Illinois, 805 West Pennsylvania Avenue, Urbana, IL 61801.
From the Educational Partnerships Program, looks at partnerships with regard to history and context, definition and typology, generic elements, and evaluation. Focuses on characteristics that make partnerships effective: top-level leadership; grounding in community needs; effective public relations; clear roles and responsibilities; racial-ethnic involvement; strategic planning; effective management and staffing structure; shared decision making and interagency ownership; shared credit and recognition; appropriate, well-timed resources; technical assistance; formal agreements; action and frequent success; patience, vigilance, and increased involvement; and local ownership.

147 *Tackling the confidentiality barrier: A practical guide for integrated family services.*
New Beginnings Project (1991), p. 1-90.
Department of Social Services, County of San Diego, San Diego, CA, 92101.
Focuses on barriers and how to successfully maintain confidentiality. Divided into the following topics: rules and issues, policy and procedure, interagency agreements and forms, implications and recommendations, and statutes and citations. Appendixes contain federal, state, and local statutes and regulations regarding confidentiality and integrated family services.

148 *Tackling the confidentiality barrier: A practical guide for integrated family services.*
Hobbs, L.J. (1991).
San Diego County Department of Social Services, County of San Diego, Community Relations Bureau, Room 843, 1255 Imperial Avenue, San Diego, CA 92101-7439.
Discusses the issues of confidentiality in education, health, and social services programs as well as in interagency partnerships. Federal, state, and local statutes and regulations governing confidentiality are also included.

149 *Tapping your community's best resources.*
Fertman, C.I. (1988). Executive Director of the Maximizing Adolescent Potentials Program, School of Education, University of Pittsburgh, Pittsburgh, PA.
PTA Today, November, p. 18-19.
Provides practical guidelines for assessing the "ability of various agencies to serve the needs of children, families and the community": staff; licensing and accreditation; references; ethical and professional standards; insurance; resources; networking; and program evaluation. Offers a concrete structure from which an assessment of competence can begin regarding children and family service programs.

150 *Task force on student success through collaboration.*
The Task Force of the Council of Chief State School Officers (1992), p. 1-24.
Council of Chief State School Officers.
Provides recommendations on student success through improved education and collaboration with social and economic systems. Main topic headings are Recognizing the Needs of Children and their Families, Establishing a Common Vision for Children and Families, Collaboration the Challenge, Principles and Strategies for Change, and A Call for State Action.

151 *The changing local community school board. America's best hope for the future of our public schools.*
Shannon, T.A. (1994).
Phi Delta Kappan, January:387-390.
Discusses the vision, philosophy, approaches, and structure of the new and changing school board. Stresses that the "comprehensive needs" of children must be met through collaboration of services. The National School Boards Association endorses that the "schools are a natural place in which to deliver the services."

152 *The Florida Legislature, Commission on Juvenile Justice. 1993 annual report.*
Florida Commission on Juvenile Justice (1993), p. 1-142.
320 Holland Building, Tallahassee, FL 32399-1300.
Outlines the Commission's activities, recommendations, history of juvenile justice in Florida, and general juvenile justice facts. Contains numerous tables, charts, and maps. Focuses on the issues of public safety, deterrence, and prevention of crime and the rehabilitation of youth. Includes glossary of juvenile justice terms.

153 *The healthy learners project*, Fienberg-Fisher Elementary School, Miami Beach, FL.
Alameda, T. (1993).
Family Resource Coalition, 12(3 & 4):20-22.

Summarizes The Healthy Learners Project, begun in 1991 with the mission "to have a nurturing, safe and sensitive atmosphere so that all become culturally and environmentally aware, productive citizens." Project operates as a full service school center, offering these services: social services, vocational training, meals, housing assistance, training assistance, job skills training, and homework help. Contains examples of improved student, family, and school outcomes measures.

154 *The journal of at-risk issues.*
Reitzammer, A.F. (ed.) (1995), p. 1-48.
Department of Education, Huntington College, 1500 East Fairview Ave., Montgomery, AL 36101-2148.
Provides articles on the topics of at-risk student, full service schools, intervention martial arts programs, effective teacher strategies, after high school lessons learned, and violence in schools.

155 *The new futures initiative: A mid-point review.*
Center for the Study of Social Policy (1991), p. 1-12.
Center for the Study of Social Policy, 1250 Eye Street, NW, Suite 503, Washington, DC 20005-3922.
Reviews the progress of the New Futures Initiative in Dayton, Ohio; Little Rock, Arkansas; Pittsburgh, Pennsylvania; and Savannah, Georgia, whose goal is "to test new ways in which existing systems could better meet the needs of a growing proportion of youth." This mid-point review merely discusses certain key issues that have arisen in the cities and is not an evaluation of the initiative. Key issues include problems, goals, collaboration, oversight committee, case management, management information systems, educational interventions, teen health, and youth employment.

156 *The Olympia school project. A summary and recommendations for a program evaluation.*
Mason, C. (1993), p. 1-13.
Olympia School District, 113 Legion Way S. E., Olympia, WA 98501.
First part describes community and interagency involvement. Second portion discusses a possible evaluation component. Project does not have a systematic evaluation component in place to substantiate its successes; however, this paper suggests several evaluation proposals: Track services currently being offered; Consumer satisfaction post-test; Pre- and post-test participants in a selected number of programs; Pre- and post-test families of new students; Track referrals; Monitor CPS referrals; and Comparison with a similar school.

157 *The politics of evaluating collaborative efforts: Political pressures and methodological responses. Presented at the 1994 American Education Finance Association Conference.*
Herrington, C.D. and I. Lazar (1994), p. 1-14.
Begins with a discussion regarding the importance and necessity of collaborative children's services at the school site, then focuses on macro- and micro-politics of linking education and other human services; designing a politically and substantively responsive evaluation; program implementation; and outcome evaluation. Presents four concerns as essential in balancing the needs of the client versus the "political pressures converging on collaborative attempts." Also poses numerous questions regarding collaboration to help the reader think through the evaluation process.

158 *The power of integrating education and human services: Achieving the potential of the northwest.*
Nissani, H. and R. Hagans (1992), p. 1-30.
Northwest Regional Educational Laboratory, 101 S. W. Main Street, Suite 500, Portland, OR 97204.
Addresses the issue of integrative services. Specifically discusses regional activities that support integration; historical, social, and political contexts; new roles and relationships; six key elements; new approaches; and results of a study of four service integration partners. Appendixes contain a description of partners: The Portland Leaders Roundtables, The Lincoln County Student/Community Assistance Program, Puget Sound Early Childhood Assistance Program, and Youth Information Management Task Force. ERIC # ED 351 762

159 *The relationship between school boards and general purpose government.*
Usdan, M.D. (1994).
Phi Delta Kappan, January, p. 374-377.
Addresses the notion that school board leadership is essential to the success of collaborative efforts for children and families. Contains research from the Institute for Educational Leadership regarding school board efforts and general purpose government, showing that these two organizationss must work together for collaborative leadership.

160 *The school-community cookbook: Recipes for successful projects in the schools. A "how-to" manual for teachers, parents and community.*
Hyman, C.S., ed. (1992), p. 1-235.
Cookbook, Fund for Educational Excellence, 605 N. Eutaw Street, Baltimore, MD 21201.
"Cookbook" for successful school-community projects contains 43 articles from writers experienced in such collaboration. Articles are divided into three categories: role of participants, "step-by-step instructions," and a potpourri of issues (evaluation, advocacy, goals and philosophy). A practical and resourceful manual for those who wish to improve schools and services to children and their families. Appendixes contain community resources from Baltimore and Maryland. ERIC # ED 348 723.

161 *The schools partnership project.*
Jewish Family and Children's Services (1992), p. 1-78.
Jewish Family and Children's Services, 1600 Scott Street, San Francisco, CA 94115.
Summarizes the Schools Partnership Project, implemented at six elementary schools during 1988 and 1989 with the goal "to investigate whether the emotional and academic well-being of children could be improved by providing mental health consultation services to public school personnel." Discusses basic information about the project, goals and objectives, project development, implementation, evaluations, implications, finances, practical lessons learned, and policy considerations. Appendixes include Teacher Demographics, Description of School Sites, Rosters of Project Advisory Council and JFCS Board of Directors, and Consultation Job Description.

162 *The whole school for the whole child: Strategies for coordinating health and human services at the schools.*
D.A. Palanki, and P. Burch (1992), Corwin Press, Center on Families, IRE, 605 Commonwealth Avenue, Boston, MA 02215.
Equity and Choice, 8(2):24-27.
Discusses coordination of health and human services, describing four implementation strategies: case management, networking, "one-stop" services, and administrative consolidation. Outlines steps for coordination of services: advocacy, leadership, participation, and funding. Concludes that "integrating resources can improve the efficiency and effectiveness of educational, health, and other social services of all children — most especially those whose needs are greatest." EJ 443928

163 *Thinking collaboratively: Ten questions and answers to help policy makers improve children's services.*
Bruner, C. (1991), p. 1-31.
Education and Human Services Consortium, IEL, 1001 Connecticut Avenue, NW, Suite 310, Washington, DC 20036-5541.
Utilizes a "questions answer format to help state and local policy makers consider how best to foster local collaboration that truly benefits children and families." Questions discussed are what do we mean by collaboration; what programs are collaborations designed to solve; at what organizational level should collaboration occur; how do we know if collaboration is happening and if it is working; how effective can state-level interagency groups be in reducing system fragmentation and improving services to children and families; what strategies can state policy makers initiate to further collaboration at the local level; what strategies can states employ to promote collaboration across all jurisdictions including those where obstacles are greatest; what is the role of the private sector in collaboration initiatives; what are the risks in collaboration; and what problems won't collaboration solve.

164 *Together we can. A guide for crafting a profamily system of education and human services.*
Melaville, A.I. and M.J. Blank, with Asayesh, G. (1993), p. 1-157. U.S. Department of Education Office of Educational Research and Improvement. U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation.
U.S. Government Printing Office, Superintendent of Documents, Mail Stop: SSOP, Washington, DC 20402-9328.
Study group looked into service integration at the local, state and federal levels, developing a practical guide for communities to improve education and human service delivery systems. Includes description of the profamily system vision, strategies to implement the system, characteristics of successful service integration, framework for progress, and four case study programs: Wallbridge Caring Communities, St. Louis, Missouri; Lafayette Courts Family Development Center, Baltimore, Maryland; New Beginnings, San Diego, California; and Youth Futures Authority, Savannah-Chatham County, Georgia. Appendixes contain checklists for progress, directory of key contacts, and organizational resources.

165 *Towards improved services for children and families: Forging new relationships through collaboration. Policy Brief based on the Eighth Annual Symposium of the A.L. Mailman Family Foundation.*
Blank, M. and J. Lombardi (1991), p. 1-14.
The Institute for Educational Leadership, 1001 Connecticut Avenue, NW., Suite 310, Washington, DC 20036.
Defines the concept of collaboration and the reasons it is needed. Outlines six essentials for successful integration/collaboration: a climate for change, leadership, flexibility and resources, problem-solving structures, supportive relationships, and documented results. Highlights three initiatives: "the Florida example focused on expanding and improving early childhood services before school, the Missouri example focused on expanding school-based services and the Maryland example focused on improving the overall service system to families."

166 *Turning points. Preparing American youth for the 21st century.*
Task Force on Education of Young Adolescents (1989), p. 1-106.
Carnegie Council on Adolescent Development, 11 Dupont Circle, NW, Washington, DC 20036.
Guide to restructuring middle grades education to actualize an "effective human being." Describes these characteristics as evidence of an "effective human being": intellectually reflective, caring and ethical, good citizen, healthy, and on the way to a lifetime of meaningful work. Eight principles for accomplishing middle grade restructuring and the Task Force's recommendations for each are described in detail. Appendixes contain a listing of papers on the topic of adolescents, workshop meetings, consultants to the Task Force, and biographical sketches of the Task Force members.

167 *Turning troubled kids around. The complete student assistance program for secondary schools. An easy-to-use manual for busy educators.*
Johnson Institute-QVS, Inc. (1993), p. 1-155.
Johnson Institute, 7205 Ohms Lane, Minneapolis, MN 55439-2159.
Nine-step manual details how to establish a student assistance program, "the sum total of all the things a school does to help students solve problems related to alcohol or other drugs." Steps including identifying problems, designing solutions, laying groundwork, identifying, screening and intervening with students, tips on prevention and evaluation. Appendixes include sample forms and resource list. ISBN 1-56246-062-5

168 *Values and opinions of comprehensive school health education in U.S. public schools: Adolescents, parents, and school district administrators.*
The Gallup Organization (1994), p. 1-58.
American Cancer Society, 1599 Clifton Road, NE, Atlanta, Georgia 30329-4251.
Survey questioned adolescents, parents of adolescents, and public school district administrators regarding values/opinions of comprehensive school health education. Separates results according to popu-

lation; however, in the summary, important similarities and differences between the three populations are analyzed. All three sample populations viewed comprehensive school health education as more important than other things taught in school. Appendixes outline demographics and methodology.

169 *Vision in action: A resource directory.*
National Foundation for the Improvement of Education (1993), p. 1-100.
NFIE, 1201 Sixteenth Street, NW, Washington, DC 20036.
Resource directory contains brief descriptions and essential information about programs across the country that work to serve children, families, and communities: The Christa McAuliffe Institute for Educational Pioneering; Dropout Prevention Program; Learning Tomorrow Program; The William G. Carr Grants Program; and The Hilda Maehling Grants Program.

170 *What it takes: Structuring interagency partnerships to connect children and families with comprehensive services.*
Melaville, A.I. with M.J. Blank, p. 1-55.
Education and Human Services Consortium.
Joint effort of 22 organizations to discuss comprehensive services for children and families, this monograph is divided into three components that address current status and future prospects. Discusses five elements of climate, processes, people, policies, and resources which impact on all collaborative efforts. Contains brief outline of elements that are important for successful, positive partnerships and collaboration. Appendixes contain program descriptions, contacts, and resource information.

171 *What works: Promising interventions in juvenile justice.*
U.S. Department of Justice (1994), p. 1-248.
National Center for Juvenile Justice, 701 Forbes Avenue, Pittsburgh, PA 15219.
Report from the Office of Juvenile Justice and Delinquency Prevention provides a directory of 425 effective prevention and treatment programs for juvenile offenders. Entries are divided into these categories: academic education, behavior management, community service, crisis intervention, education/employment, counseling, intensive probation, mediation, mentoring, milieu management, outdoor activity, reality therapy, recreation/fitness, referrals, sex offender treatment, shoplifting awareness, skill development, special education, substance abuse treatment, therapeutic milieu, use of speakers and vocational training. Each entry contains program name, address, phone number, contact person, target population, age, gender type, referrals out-of-state, capacity, average stay, target area, program type, structure, administration, staff size, staff-to-client ratio, per diem rate, annual budget, date began, evaluation date, and primary intervention.

172 *What's in? What's out? American education in the nineties.*
Murphy, J. (1993).
Phi Delta Kappan, April: 641-646.
Discusses need for remodeling the education system: "if our schools are to provide us with a modern work force prepared to excel in a post-industrial, knowledge-based society, we must transform the design and structure of education; we must make a fundamental change that strikes at the core of present operations." Addresses increased standards and expectations, emphasis on outcome variables, ability versus effort, individualization of education, the age/grade link, seniority versus competence regarding the teaching staff, year long schooling, the Full Service School concept, and education as a community responsibility.

173 *Who should know what? Confidentiality and information sharing in service integration.*
Soler, M.I. and C.M. Peters (1993), p. 1-19.
National Center for Services Integration Information Clearinghouse, National Center for Children in Poverty, Columbia University, 154 Haven Avenue, New York, NY 10332.
Discusses the balance of confidentiality between the rights and interests of the client (child and/or family) with the need for interagency information sharing. Proposes to share information with agencies

while respecting client rights, using certain principles and mechanisms. Also provides practical checklist of points to consider when developing procedures for interagency information sharing. Resource Brief 32

174 *Why blame schools?*
McClellan, M. (1994).
Research Bulletin, Phi Delta Kappa, Center for Evaluation, Development and Research, March:12, p. 1-6.
Phi Delta Kappa, P. O. Box 789, Bloomington, IN 47402 (812-339-1156)

Discusses rising social problems plaguing children and young people and the implication that schools are "to blame" because of poor academic conditions. The 1990 Sandia Report is discussed to provide evidence of rising test scores and evidence that the American educational system matches workplace needs. Concludes that, based on recent evidence of schools' academic success, students at risk face problems outside the school rather than inside, and that schools should take a leadership role in addressing children's needs.

175 *Working smarter in a shared service network.*
Leon County Shared Service Network (1991), p. 1-66. 1950 West Tennessee Street, Tallahassee, FL 32304.
Bureau of Education for Exceptional Students, Florida Department of Education, Tallahassee.

Describes development and implementation of Shared Service Network Project, begun in 1990, which "incorporates a variety of community agency locations as sites for collocated education, social, health, employment, legal and cultural services for children, youth and their families." Provides information on client assessment, shared service centers, case management, funding, and future plans. Appendixes contain list of technical reports, sample newsletters, and population density maps of students, exceptional students, CMS primary medical care, and Health's Primary Care Program.

176 *Working smarter in a shared service network. A resource and planning guide.*
Florida Department of Education (1991), p. 1-65.
Clearinghouse/Information Center, Bureau of Education for Exceptional Students, Division of Public Schools, Florida Department of Education, Florida Education Center, Tallahassee, FL 32399-0400.

Describes Project activities from January to August 1991, "documenting one community's experiences in its attempt to innovatively address the needs of its children; assisting other communities in Florida which may want to review and revise their methods of service provision for children and youth; assisting other communities which are looking for ways to implement the Full Service Schools legislation." Contains information regarding development, council membership and roles, guiding principles, client assessment, program eligibility, work group activities, case planning, case management, funding, resource development, and future plans. Appendixes contain a list of technical reports and county maps.

177 *Youth and caring. Developing a field of inquiry and practice. A report of a Lilly endowment research grants program.*
Chaskin, R.J. and T. Hawley (1994), p. iii-60.
Chapin Hall Center for Children at the University of Chicago, 1155 East 60th Street, Chicago, IL 60637.

Explains the Lily Endowment's Research Grants Program on Youth and Caring. Part 1 introduces the concept of youth and caring. Part 2 lists studies funded by the endowment. Part 3 lists commissioned papers and brief summaries. Part 4 is an extensive youth and caring bibliography divided into topics including Caring: definitions, determinants of caring behavior; Development of altruism, moral development and moral reasoning; Family as context; Cultural and ethnic diversity; Gender differences in caring and adolescent development; Adolescents and the educational system; Schools as a context for caring; Service learning programs; Primary services for adolescents; Community as a context for caring; Caring in the professions; and Risk factors and resiliency in youth and children.

178 *Youth involvement: Developing leaders and strengthening communities.*
Swinehart, B. (1990), p. 1-46.
Partners for Youth Leadership, 250 Arapahoe, Suite 301, Boulder, CO 80302.

From the U.S. Department of Housing and Urban Development, addresses the issue of partnerships between young people and adults. Emphasizes treating young individuals with respect and as valuable active participants. "The purpose of this book is to provide an overview of how to build and maintain effective youth participation programs." Describes youth participation programs and how they can positively impact adolescents and the community. Also discusses implementation and success strategies. Appendixes contain a list of programs referenced in the document as well as national organizations that support youth participation programs, including addresses and telephone numbers.

(A-Z) Author Bibliography

The following listings are alphabetical by author, keyed to each publication's number in the Annotated Bibliography.

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Carol Calfee was balancing her time as a mom and wife while simultaneously working as an elementary/middle school teacher of gifted and technology education classes. One day, she heard about a new idea for including health and human services as part of a "holistic" way to facilitate children's learning through family advocacy. She became a teacher on special assignment to coordinate Project Vision, the Santa Rosa County Full Service Schools Program. This book is a documentation of her work — from blue sky to concrete — intended to assist others with an idea that really works!

Carol's educational training includes a certification in administration, an endorsement in gifted education, and a master's degree in elementary education from the University of West Florida (UWF). She is known throughout Florida as the project manager for Project Vision, but she is also recognized as a teacher, software consultant, grant writer, and presenter. In addition, she is proud to be a member of a Cadre of Veteran Project Directors working with the National Foundation for the Improvement of Education. Carol has authored numerous articles for state and national publications on the topics of collaboration and the full service school concept, using technology to motivate the underachiever, health issues, and software evaluation.

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Building a Full Service School: Florida's model of school-based and school-linked services

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